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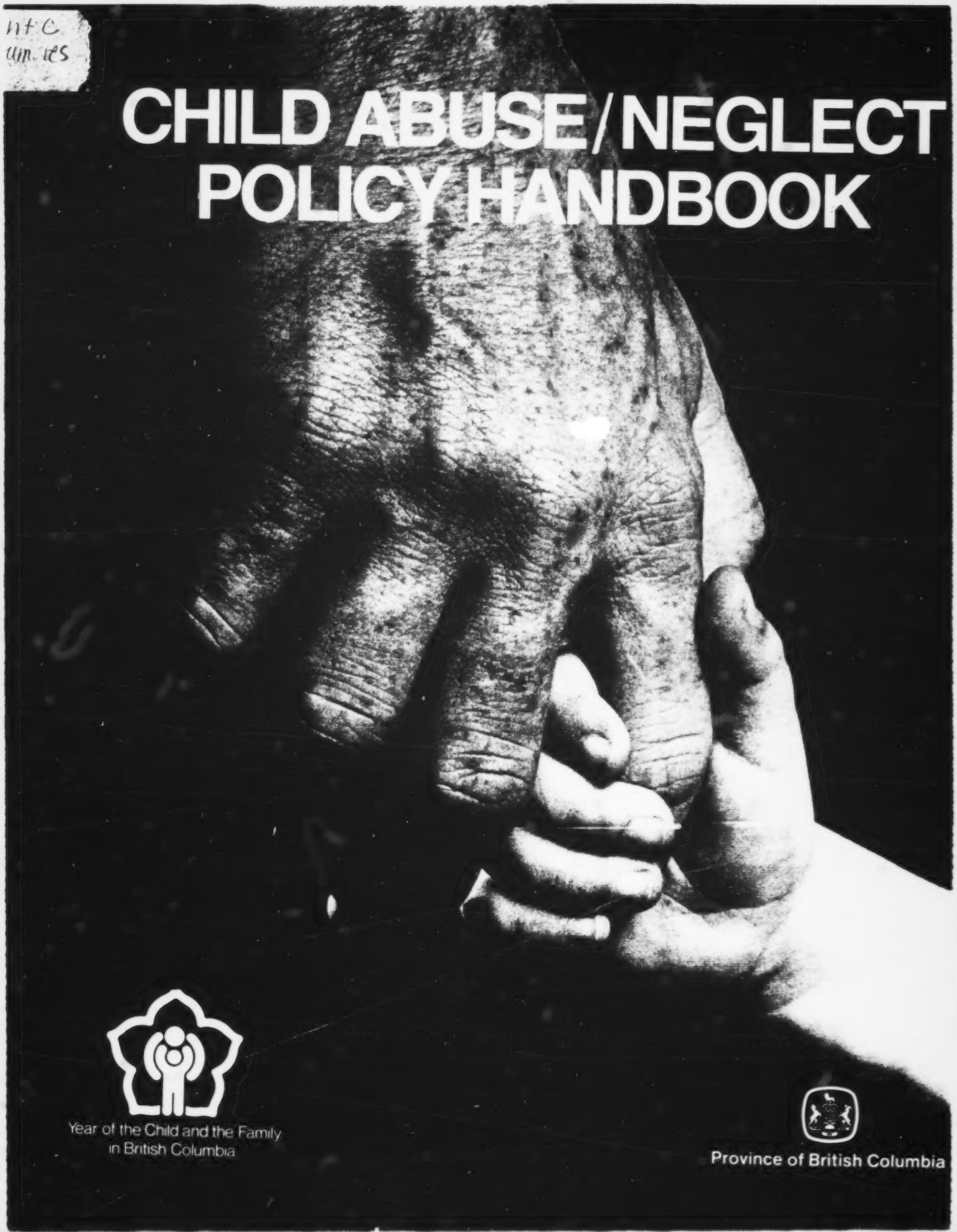
CHILD ABUSE/NEGLECT POLICY HANDBOOK



Year of the Child and the Family
in British Columbia

Province of British Columbia

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Province of British Columbia
OFFICE OF THE DEPUTY PREMIER

DEDICATION

This handbook is dedicated to the families and children of British Columbia in the hope that it may help to relieve some of the stress in their lives and ensure that all professionals are able to deliver a coordinated and unified service in cases involving child abuse or neglect.

The importance of reporting any suspected case of child abuse or neglect must be part of the consciousness of each social services professional within the province. Quick, multi-disciplinary attention to the children involved is the key to the success of this endeavour. No child should ever suffer through our actions or inactions.

Although the Year of the Child and the Family, 1979 ends after twelve short months, the handbook will remain as an ongoing guide of the provincial policy and will be updated to remain in line with new legislation, policies and procedures.

It is the hope of our Provincial Government that this book will help to kindle a raised consciousness of the great responsibility for children that we hold in our hands and hearts.

Grace M. McCarthy,
Deputy Premier and
Minister of Human
Resources

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in British Columbia

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CHILD ABUSE/NEGLECT POLICY HANDBOOK

COMPILED BY: MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY
MINISTRY OF HEALTH
MINISTRY OF HUMAN RESOURCES
MINISTRY OF THE ATTORNEY-GENERAL

PUBLISHED BY: THE MINISTRY OF HUMAN RESOURCES
THE HONOURABLE GRACE M. McCARTHY
MINISTER & DEPUTY PREMIER

Year of the Child and the Family
in British Columbia

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INFORMATION SERVICES
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INTERMINISTERIAL STATEMENT ON CHILD ABUSE

Child abuse is a problem that cannot be determined by colour, race, age, religion or social strata. It is a problem that often self-perpetuates. Abusive behaviour is usually an outlet for stress and can be induced by social or economic factors, the problem of single parenthood, illness, drug addiction, alcoholism, marital discord, or a myriad of other emotional stimulii.

Identification of child abuse is a shared responsibility, one that falls within the jurisdiction of social workers, physicians, police, educators, health services, volunteer agencies and citizens in general.

It is now recognized that abuse of children is usually a way of life rather than one isolated incident. It is therefore important to view the child's environment as a whole and this is best accomplished through co-operation of the various professionals involved.

Abusing parents often seek help, but do not receive it because their distress signals go unobserved. Abused children frequently come into contact with persons who can identify the situation if they are properly attuned to the signs of negligence and maltreatment. This contact by professionals, with both the parents and the child, is the ideal opportunity for identification which is the first stage of treatment.

It is more important to focus concern on the combined physical and emotional damage a child sustains in an abusive environment. Although we may initially see only one indicator of possible abuse and are frequently tempted to wait for further corroboration before reporting the incident, we must recognize that the purpose of the referral system is corroboration through referral and co-operative consultation with persons who have contact with the family. In this way, the validity of further investigation can be quickly determined and it will be less distressing for the parents.

Existing legislation clearly states that every person who has reasonable grounds to suspect that a child is being abandoned, neglected or maltreated shall report the circumstances to the Superintendent of Child Welfare. This is done through the local Human Resources office and takes precedence over any previous or other commitment to confidentiality.

The referral of information must be made immediately, by telephone or by referral card (H.R. 1215). In the case of serious abuse, the immediate safety and protection of the child must take priority. However, where possible, a conference of all professionals involved should be arranged without delay to provide an opportunity for a pooling of information in order to reach a realistic and prompt decision on the appropriate course of action.

Open exchange of information between professionals involved will ensure rapid initiation of treatment and rehabilitation for the child and family. Information exchanged between these persons should be regarded as confidential and should not be disclosed elsewhere except under subpoena or as evidence in court.

There is a recognized need for the referring professional to receive some feedback on the disposition of the case. This gives a validity to the referral and reporting system and can bring about an increase in responsible, active co-operation.

To co-ordinate the response and expedite investigation and resolution of the problem, it is necessary for all available services to work together. For this reason, the Ministry of Human Resources, the Ministry of Education, the Ministry of Health and the Ministry of the Attorney-General have developed this handbook of professional referral, reporting and investigation techniques. It is important to restate that an abuse case may involve many different disciplines; it is not solely the problem of any one agency, profession or person.

It is the hope of all four Ministries involved, that professionals will exercise their judgement wisely, using the ideas and methods described in this handbook for assessing and referring cases of suspected child abuse.

Walter G. Hardwick

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INTRODUCTION

The Child Abuse/Neglect Handbook is a resource and policy outline for use in a case of suspected child abuse. It has been designed for government personnel but may be of use to related or associated professional organizations.

Four ministries have been involved in compiling the contents of this handbook, and each is represented in a section shown by a titled divider. Policy and guideline subsections for each ministry are recorded in the "table of contents", directly following this introduction, for easy reference to the appropriate page.

Sections have separate numbering systems to simplify amendment procedures. A reference to the ministry involved will be seen below the page number in their sections in order to quickly associate new or lost pages with the appropriate ministry. This will only be applicable to ring binder copies; bound copies will not be updated. Individuals wishing to update their staple bound copies should refer to a ring binder version located in schools, health units, Human Rescurces offices, and police stations.

All pages are dated in the lower right hand corner. Following this introduction is a page labeled "Handbook Amendment Record". This page is to be used to record all changes or additions to the manual. On the left is a column for entering the date (seen in the lower right corner of the new page). On the right is a column for recording the numbers of the pages amended:

e.g. DATE	PAGES AMENDED
March 1979	M.H.R. 4, 7, 12
	Health 3, 4, 7
	A-G 5
	8, 6, 13, i, iv

This record will enable you to quickly check the accuracy of your handbook. If you are in doubt about your updating contact:

JAY JAY ROGERS
MINISTRY OF THE ATTORNEY-GENERAL
INFORMATION SERVICES
Victoria, British Columbia
Telephone 668-2400 (Vancouver)

A general definition of child abuse is included in the introductory pages and should be read by all personnel in each ministry.

The appendix contains the legislation on child abuse, the legal responsibility to report, a copy of a sample report form that is available from the Ministry of Human Resources, and a ***contact list for Resource Offices which should be filled out*** by each recipient of the handbook.

It is advisable to read the Inter-ministerial Statement first, as this summarizes the purpose and direction of the book. If one section of the handbook is not clear enough on the joint processes to be used, you should refer to another section that is appropriate by using the table of contents.

Familiarity with the whole book is strongly suggested. If there are any questions after reading the handbook, contact Information Services at the above address.

NOTE: The use of he or she in this book should be taken to be interchangeable.

HANDBOOK AMENDMENT RECORD

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DEFINITION OF CHILD ABUSE

Child abuse and neglect means the physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of seventeen by a person who is responsible for the child's care.

Child abuse refers to the non-accidental situations in which a child suffers physical trauma, deprivation of basic physical and developmental needs or mental injury as a result of an act or omission by a parent, caretaker or legal guardian. Situations involving child abuse fall into three main groups:

1. ABUSE

1) ***Physical:*** bruises, burns, head injuries, fractures, eye injuries, intra-abdominal injuries.
2) ***Sexual:*** molestation or incest by family member or due to neglect on the part of parent in supervising the child.

2. NEGLECT

1) ***Physical:*** abandonment, gross or repeated failure to meet a child's physical needs.
2) ***Nutritional:*** malnutrition not due to organic disease.
3) ***Medical:*** Failure to seek or inappropriate delay in seeking medical care for a significant problem, failure to comply with necessary treatment and follow up of serious treatable medical problems.
4) ***Safety:*** gross lack of supervision, repeated accidents due to lack of appropriate supervision.

3. MENTAL INJURY OR EMOTIONAL NEGLECT

1) Gross failure of parents to meet emotional needs of the child necessary for normal development.
2) Parental refusal to recognize and seek help for a child's emotional disturbance.

4. SERIOUS ABUSE

When an act of abuse involves sexual assault and/or physical injury, it is considered to fall into the serious category. The first priority must be the safety and protection of the child. Secondly, as soon as possible, a consultation session should be arranged between all professionals who have relevant information regarding the case. This group is to include police, the Ministry of Human Resources worker and any other involved professionals such as the Public Health Nurse, physician, teacher, etc. The purpose of this initial meeting is to determine if evidence is available or should be sought to proceed with criminal charges.

MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY

MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY

1. ROLE OF THE SCHOOL AND TEACHER

Schools play a unique role in the identification and reporting of neglected and abused children. For many children between the ages of 6 and 17, the school is often the only resource that will be able to see if children are in need of protection. Many children in schools have injuries (physical or emotional) that go undetected unless there is an awareness of indicators. In 1974 in British Columbia over 65% of reported abuse and neglect cases were school-age children. The school is often the only place a child feels safe and where it is possible for a child to have a sustained relationship with his peers and teachers.

Teachers are in a position to have children confide in them and discuss their family situations. ***If a child or adolescent tells a teacher something*** that is indicative of abuse or neglect, the teacher should listen. Regardless of how uncomfortable the teacher may be in this role, children need to be reassured that someone cares. Known abused children should be given additional attention when possible. Abused and neglected children have many special physical and emotional needs. In secondary schools, counsellors or other teachers may be told by students of sexual abuse, especially incest. It is again crucial that these children are heard and appropriate action taken.

Only by identifying these children and by subsequent reporting can successful ***intervention*** occur ***to assist parents*** in changing their abnormal child-rearing practices. If there is no intervention, a child's life may be at risk. An abused child is likely to become an abusive parent. Parenting is learned in one's own family. From the available research today, a high percentage of abusive parents were abused themselves. Only intervention can break this cycle of physically and emotionally damaged children.

2. SHORT DEFINITIONS OF ABUSE AND NEGLECT

Abuse
Use of physical force by a caretaker (parent, guardian) which results in an injury to a child. Abuse is any non-accidental injury or act regardless of cause or consequences. Emotional abuse is the active destruction or undermining of a child's self-esteem or self-image.

Neglect
Neglect, unlike abuse, is usually the omission of an act. Any child who is deserted or abandoned is neglected. Any child whose caretaker does not adequately provide the child with food, clothing, medical treatment, shelter, education, controls, limits and safety from an improper home environment, is being neglected. Neglect can be physical or emotional.

For further details refer to the definition section at the front of the manual.

3. INDICATORS OF ABUSE

The following indicators are general. If by using these indicators a profile of neglect or abuse emerges for any child, your concern should be reported to the Ministry of Human Resources. Isolated incidents, such as evidence of physical injuries, should be reported immediately.

1) Children who are frequently late or absent. Often such patterns suggest a maladjustment somewhere. The child may be neglected, the mother may be having difficulty coping, or the child is expected to take on parental duties and may not be allowed to attend school on certain days.

2) Children who come to school early or who are reluctant to leave school in the afternoon may be indicating a need for help. This action suggests a lack of caring, no one home, or the child is fearful of the home.

3) A child who is inadequately dressed may be considered neglected. If the child is being stigmatized by his peers for dirty, inappropriate clothes, this may constitute unnecessary emotional or physical neglect.

4) Children who arrive at school with welts, bruises and other physical injuries should be seen by the Public Health Nurse, and the families of these children warrant immediate assessment. Physical Education teachers may notice these children more often. Parents who beat their children often keep them home or dress them in such a way as to hide revealing marks.

5) Children who are hyperactive, destructive and aggressive may be reflecting a pattern of family violence in their own homes. Children who act up are possibly asking for help. This behaviour can be reflective of neglectful or abusive parents.

6) Withdrawn, passive, overly compliant children can be emotionally damaged. They feel safer in their own world and need help. Many abused children feel very little in the way of emotion and pain.

7) If a child has obvious medical needs yet these conditions remain unattended to, this constitutes physical neglect. If a child's emotional needs are not met and he has problems, this is emotional neglect.

8) Children who are undernourished and coming to school without breakfast and who go without lunches often are suffering from neglect that is unrelated to poverty.

9) Is the child tired? Is he lethargic or listless? Such conditions are symptoms of a family's inability to regulate a child's routine. Tired or inattentive children may be suffering from undernourishment.

10) Are parents abusive or aggressive when approached about problems concerning their children? Often they express extreme denial that anything is wrong.

11) Abusive or neglectful parents rarely show for school appointments, or if they do, they are unresponsive.

12) Parents who are not trusting of schools and other community agencies are often socially isolated. They need reaching out to; they are unable to ask for help.

13) Parents who show little concern for their children may be expressing a sense of futility so often found amongst neglectful parents.

14) Family stresses indicated by violence, alcohol, etc. are not necessarily causes of abuse or neglect but can lead to it.

15) Parents who over-protect and disallow their children to participate in certain activities may be unaware of their children's need for normal growth and emotional development.

16) Behaviour on the part of the parent that is bizarre or strange may indicate the family is somewhat dysfunctional and needs help.

4. REPORTING MECHANISMS

It is the duty of the District or School Superintendent to ensure that procedures are set forth and followed whereby any suspected case of child neglect and/or abuse is reported to the Ministry of Human Resources.

Each ***teacher or counsellor*** who entertains a reasonable suspicion that a child is being neglected or maltreated shall immediately inform the local Ministry of Human Resources office and their school principal. Telephone referral followed by a referral card* is the most effective form of reporting. Immediate telephone referral must be made in cases of emergency.

Each ***principal*** who receives information from a teacher indicating a suspicion of neglect or maltreatment of a child shall assist the teacher in reporting the incident to the local Ministry of Human Resources office and shall ensure that the Public Health Nurse is contacted.

* Cards are being provided to each school for the reporting purpose. Further cards may be obtained from the local Human Resources Office. (H.R. 1215 — see example in the appendix).

5. GUIDELINES

Schools can identify, report, and monitor a situation to ensure that a child is indeed being protected by making certain the family has been assessed and is receiving service to reduce family stress. Some reminders are listed below to help in identifying the situation. Identification can itself be preventive in nature.

1) Be familiar with the high risk factors and clues of neglect and abuse. It is up to the teacher to report his/her concerns or suspicions. When the Ministry of Human Resources receives the report, a social worker will assess the total situation.
2) Children are entitled to adequate care — food, clothing, shelter, medical attention, and safety.
3) Reporting a suspected case of abuse or neglect is not only to protect a child but to help a parent. There are two victims of abuse and neglect . . . the child and the parent. Be aware of a parent's right to be treated with respect.
4) Do not delay making a report of suspected child abuse or neglect until the end of the school year. Some teachers and/or principals may feel anxious about the care the students are going to receive during the summer. However, referrals made at the last moment in June eliminate the possibility of a positive, supportive and co-operative relationship between the social worker, school and family.
5) When child abuse or neglect is suspected, ***a case conference should be called*** including the Public Health Nurse, the Ministry of Human Resources social worker for your area, the school personnel involved with the child and, in addition, any other workers known to be involved with the child and his family from other community agencies such as Mental Health, Corrections, Youth Programs, etc.
6) Encourage staff training in abuse and neglect by involving other community agencies. An understanding of the dynamics of abuse and neglect is crucial to ensure that families receive support and help. An understanding of community agency roles is important to ensure that a child does indeed receive protection and a parent is helped.

7) Parent-Teacher Associations, Community Schools and Adult Education can do much to offer opportunities for discussion and relevant courses on Parenting, Family Life and Child Care.

8) The school's curriculum can also help adolescents to become more adequate as parents by providing Child Development, Family Life, Interpersonal Relations and other related courses. Many schools have resources which go far beyond identifying and reporting. Schools can play a role in prevention of possible child abuse or neglect by helping prepare young people for parenting.

6. INTERVIEWING CHILDREN

For some of you who work in rural areas or small towns a social worker is not always available. Many teachers are in a position to talk to a child first to see if a report to the Ministry of Human Resources is necessary. Teachers are ***not responsible for the assessment*** of an abusive family, however, they are certainly in a position to assist a social worker in the assessment process.

Often it is fairly easy to see if a child is being abused or neglected through ***observation*** of unattended medical problems, bruises, inadequate clothing, malnutrition, etc. However, many children do not show visible signs of neglect or abuse. Instead, their ***conversations*** alert us to the potential or actual ongoing occurrences. In both instances, when there are indications of possible maltreatment or negligence, you should feel free to talk to a child to verify your concerns.

Interviewing must be done with sensitivity and caution. Before interviewing a child please read the "Guidelines for Interviewing Children" given in the Agencies and Associations section at the back of this book. These notes are a procedural explanation of how an interview should be conducted and indicate particular points to remember to ensure the child's comfort and the accuracy of information.

7. HIGH SCHOOL EDUCATION PROGRAM

A High School education program has been run in the lower mainland region since 1976 as a project of the Junior League of Vancouver, the Child Abuse Team and Volunteer Services of the Ministry of Human Resources.

The program, as it operates in Vancouver, is designed primarily for students in Grade 10, 11 and 12 to provide information about the dynamics of child abuse and neglect and the resources available for parents who are subject to the pressures which can result in abuse. While the information provided should help prepare young people for parenting roles they may undertake in the future, it is also recognized that some students might have been or are presently victims of sexual, emotional or physical abuse.

The objective of the program is to share with students ideas and information on such topics as:

1) ***Realities of parenting:*** parents encounter many normal frustrations and stresses; "parenting is a tough job for anyone"; the many myths about parenting;

2) ***Children's rights*** — children are entitled to have basic needs met to ensure physical and emotional well-being; citizens have moral and legal responsibilities to report child abuse and neglect as required by British Columbia's Protection of Children Act;

3) ***Dynamics of child abuse and neglect*** — the need to respond positively, not punitively, to abusive parents; there are two victims of child abuse and neglect — the child and the parent;

4) ***Community services*** — the role and function of such agencies as Ministry of Human Resources and other service and program resources such as Crisis Lines, Project Parent, Parents in Crisis, Parental Stress Line.

Volunteers and teachers are trained to present the 50-60 minute program which includes a film and available literature.

Information about the development and management of the program and copies of material used such as evaluation forms and pamphlets can be obtained from:

The Child Abuse Team
Ministry of Human Resources
1675 West 10th Avenue
Vancouver, British Columbia

For those working outside the lower mainland area the full program and training is not yet available, but by contacting the Child Abuse Team you can obtain literature and possibly the use of the film "Children in Peril". Your requests and enquiries are welcome.

NOTES

MINISTRY OF HEALTH

CHILD ABUSE/NEGLECT POLICY HANDBOOK

MINISTRY OF HEALTH

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INTRODUCTION

Child abuse/neglect is the joint concern of all members of the health care system. In order for the system to be effective, there should be a close working relationship between hospitals, health units and community mental health centres.

It is essential that personnel of each health service be knowledgeable of the roles of other services as described in this handbook and as adapted locally.

Nurses and other health workers using the Child Abuse/Neglect Policy Handbook should become familiar with the total content and especially with this complete Chapter relating to the Ministry of Health. Although it is divided under separate headings for hospitals, health units and mental health centres, the total content has relevance for all services.

In order to keep duplication to a minimum, content such as "at risk indicators" which is applicable to all services, is not repeated under each section. Emphasis is placed on the need to view, as a whole, the responsibilities of Health Ministry personnel. This will help to ensure continuity of service to families who are "at risk."

MINISTRY OF HEALTH

I. HOSPITALS

A. RESPONSIBILITY TO REPORT

The Family and Child Service Act 7(1) states:

> "A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the Superintendent† or a person designated by the Superintendent to receive such reports."

Many victims of child abuse and neglect will have occasion to be seen in hospital, sometimes repeatedly. It is imperative that the inherent dangers to the child are recognized during these contacts with hospital staff and reported to the appropriate authorities so that the child's situation may be investigated and necessary protective measures taken. Hospital Units most often involved are:

Emergency	Paediatrics, including Intensive Care Unit
Outpatients	Obstetrics and Newborn Units (see Families
Day Care	at Risk During the Perinatal
Psychiatry	Period, page 6)

Staff working in these areas will require special education, guidance and support in the application of appropriate professional judgement in relation to the risk indicators noted in I. Hospitals, Section C, page 2.

A word of caution is expressed regarding the assumption that any one indicator necessarily constitutes child abuse/neglect. Emphasis is also placed on the need for ***accurate, factual, objective recording.***

B. REPORTING POLICIES AND PROCEDURES

1. There should be a clearly identified mechanism established in each hospital through which concerns regarding potential or known child abuse may be reported to the local Ministry of Human Resources office. A Child Abuse Team provides an effective mechanism through which to establish local policies and procedures.
2. Child Abuse Team
   a) Membership — should include a core group of physician(s), nurse(s) (preferably from the paediatrics or emergency departments) and social worker(s) of the hospital, a district social worker and a pubic health nurse as well as representatives from other appropriate agencies such as police, probation, school and pastoral groups. Such broad membership will provide an opportunity for a cohesive approach to follow up between hospital and community.
   b) Functions — may be locally determined but should ensure appropriate exchange of information regarding the investigation of suspect cases, review and assessment of treatment plans and plans for continued surveillance as required.

      An effective Child Abuse Team will minimize duplication of services and ensure that "at risk" families are kept under surveillance and given necessary support throughout the total health care system.

      See also II. Health Units, Section F, "Health Unit — Hospital Liaison," page 6.

† "Superintendent" means the person designated under this Act as Superintendent of Family and Child Service and, in relation to any power, duty or function that the Superintendent has delegated to another person, includes that other person. (Family and Child Service Act.)

C. INDICATORS THAT A CHILD MAY BE AT RISK FOR ABUSE/NEGLECT

The following are indicators of the potential for problems in parenting and the possible presence of the child abuse syndrome. They cannot in themselves be construed as signs of abuse or neglect but they alert the nurse to the need for assessment of the child's situation.

1. When one or both parents
   - — were abused or neglected during childhood
   - — have experienced emotional or mental illness
   - — use and abuse alcohol or other drugs
   - — have been under recent severe stress
   - — are mentally handicapped (retarded)
   - — did not want the child or wanted one for the wrong reasons.
2. When parents
   - — lack social support systems, e.g. single parents, no close relatives, friends, etc.
   - — have severe economic and/or social problems
   - — are experiencing marital discord, separation or divorce
   - — fail to visit a child during the child's hospitalization even though they live in the local area
   - — fail to initiate enquiry regarding their child's progress in hospital when they are unable to visit.
3. In Obstetrics and Newborn Units
   a) Mother
      - — is adolescent and unmarried but opts to keep her baby
      - — did not want the baby — resented the pregnancy
      - — expresses lack of knowledge regarding care of her infant
      - — does not understand or accept the changes in her life, which caring for her infant will necessitate
      - — does not display affection for her baby
      - — does not seek eye contact, fondle or appear interested in her baby, or show signs of maternal/infant attachment.

   b) Father
      - — exhibits severe jealousy and has difficulty sharing wife's attention.

   c) Parents
      - — are uninformed or misinformed regarding care the infant requires
      - — have unrealistic expectations of their infant
      - — perceive the infant to be abnormal or are disappointed in the sex of the child.

   d) Infant
      - — is premature and/or condition necessitates a prolonged stay in hospital resulting in separation from mother
      - — has a physical or mental handicap
      - — is unresponsive or irritable
      - — is difficult to handle because of feeding problems, colic, vomiting, etc. and/or shows poor weight gain
      - — sleeps poorly
      - — cries often and for a long time.

4. Emergency and Paediatric Units when
   - —a child is admitted with injuries which seem excessive in relation to the history presented or has had frequent admissions for treatment or "accident" related injuries
   - —there is a high incidence of admissions from one family where similar problems recur, and family changes physician frequently
   - —a child is admitted for treatment of a problem not related to child abuse/neglect, but who, following assessment and during the period of hospitalization, demonstrates unusual behaviour in connection with parental visits or contacts, e.g. appears frightened, withdrawn
   - —there are parental complaints of behavioural difficulties with a child such as hyperactivity, sleep resistance, poor eating habits, failure to thrive
   - —there is evidence of malnourishment of the child
   - —the child's story of an event consistently differs from that described by the parents or other adults or where the child refuses to talk about an "accident" or injury.

II. HEALTH UNITS

A. ROLE OF THE HEALTH UNIT

Health unit staff have a dual role in relation to child abuse and neglect. Firstly, they should always be aware of indicators which warn that a child may be at risk or a victim of abuse — physical, emotional or sexual. Where there are reasonable grounds to believe that a child is in need of protection, report the circumstances to the Superintendent of Family and Child Service or his delegate.

Secondly, the health unit has a special role in the primary prevention of child abuse and neglect. This objective becomes an integral part of all nursing programs which provide information, guidance and support to parents, especially those with very young or handicapped children. In addition, the health unit offers informational and educational services for expectant parents, students, babysitters, homemakers and others preparing to work with young children.

B. REPORTING POLICIES AND PROCEDURES

The Family and Child Service Act states:

> "A person who has reasonable grounds to believe that a child is in need of protection shall forthwith report the circumstances to the Superintendent† or a person designated by the Superintendent to receive such reports."

When there are "reasonable grounds" for suspicion of abuse or neglect:

1. **If the child is in school:**
   a) The school teacher, principal, or his designate must contact the Ministry of Human Resources as soon as possible, preferably the same day that suspicions of abuse are aroused.
   b) The public health nurse may be contacted at the time of reporting as she may have pertinent knowledge of the family concerned.
   c) The public health nurse may be requested to examine a child at school when abuse is suspected. She can view noted injuries in a non-dramatic way and use judgement as to the questions she asks, and the extent of the examination.

† See footnote page 1

d) There should be ***careful and explicit recording*** of any bruises, burns, or other injuries which are observed. Also the nurse should record how the situation came to her attention, to whom she referred the case, and any other action taken.

e) Ideally, a conference between the teacher, principal, social worker and public health nurse provides an opportunity to pool available information and reach a joint decision on the most appropriate course of action.

f) The medical health officer and/or family physician may also be included in such a conference.

2. If the child concerned is not in school:

a) The public health nurse may encounter a situation indicative of abuse or neglect during the course of her service in homes, clinics, etc.

b) In such cases, she will immediately report her concerns to the local office of the Ministry of Human Resources.

c) The social worker and nurse will review the situation and jointly decide on the appropriate course of action.

d) The medical health officer and/or family physician may be consulted as indicated.

e) The nurse may continue to provide support, counsel, and guidance to the family, in which case she will keep the social worker informed of her continuing assessment of the home situation.

f) Alternately, the Ministry of Human Resources may assume full responsibility for surveillance and it may not be necessary for the nurse to maintain contact with the family.

C. GUIDELINES CONCERNING THE PUBLIC HEALTH NURSING ROLE

1. The public health nurse does not have the statutory authority to investigate complaints of child abuse. However, she has contact with many families and may have useful information which will assist in investigation and service to these families. She has a special competence in serving families with recognized health problems or those requiring help in the development of child care skills.
2. Subject to the requirement to report as outlined in Section B, the public health nursing service to parents at risk or suspected of abuse may include:
   a) Nursing assessment of the particular needs of the family concerned, family interactions and stress factors.
   b) Ongoing assessment, support, and counselling for both the child and parents.
   c) Information for parents on the developmental stages of young children and associated behaviour patterns.
   d) Assistance to parents in developing appropriate parenting skills.
   e) Helping parents understand their sources of stress and their response to stress and assisting them in developing better coping abilities.
   f) Providing information to the family on community resources and assisting them in utilizing available resources.
3. The public health nurse may be required to submit a report of her observations to the Superintendent of Family and Child Service, i.e., the local Ministry of Human Resources.
4. When a child is apprehended by the Ministry of Human Resources, a public health nurse may be called as a witness in court. In such a case, the nurse should be subpoenaed to appear. This establishes to the family concerned that she has no choice in the matter and helps to preserve her working relationship with them.

D. IN A CASE OF POTENTIAL ABUSE

When there is indication of potential abuse, neglect or when the more subtle elements of the child abuse syndrome are suspected:

1. **If the child is in school:**
   a) Teachers sometimes express concern about a child in their class who exhibits signs that there is a problem in the home. The child may be frequently late or absent, inappropriately dressed, present without breakfast, or without adequate arrangements for lunch. A child may be unusually withdrawn, lethargic and without friends. He/she may appear overprotected and not allowed to participate in activities other children enjoy, or the child may seek attention through aggressive, destructive behaviour.
   b) None of these symptoms alone necessarily indicate abuse or neglect, but they do suggest the need for an assessment of the home situation. Frequently, the families do need special assistance with home management or with particular problems. They may benefit from supportive visits from the nurse or referral to another community resource.
   c) When such children come to the public health nurse's attention at school she will visit the home and asssess the situation to determine if the family is in need of further follow up or referral.
   d) She will report back to the teacher or principal, and where the need exists, a joint plan for continued follow up of the child and family may be formulated.
   e) It may be considered necessary to involve the social worker at this point.
   f) Or the nurse may plan ongoing visits and provide continued support, guidance and counselling involving other professionals or agencies where indicated.
   g) The public health nurse should maintain contact with the family until she is satisfied that their coping skills have improved, that the child is not at risk, or another agency or resource is providing service.
   h) Concise and objective recording of the nurse's observations and services should be kept.
   i) Whenever there are indications that the situation is deteriorating or that there is a more serious problem than was at first suspected, the public health nurse will immediately report to the Ministry of Human Resources and review the situation with a social worker.
2. **If the child is not in school:**
   a) The public health nurse may observe children showing similar indications of a dysfunctional family life in Child Health Conferences, Day Care Centres, or other contacts with children and their families.
   b) The method of providing service to the child and parents will be generally the same as for the school child. However, babies and smaller children are even more defenseless and may be at greater risk.
   c) The public health nurse will assess the home and where indicated plan an appropriate sequence of visiting, supportive counselling and health teaching.
   d) Where indicated, she will make referrals to other agencies or professionals, and encourage the family to use available community resources.
   e) The public health nurse will contact the Ministry of Human Resources whenever she has reason to believe that a child is in a dangerous situation or that normal physical or emotional development is threatened by inadequate parenting.

E. FAMILIES AT RISK DURING THE PERINATAL PERIOD

1. There may be indicators of potential abuse or neglect in the histories and behaviours of families during the perinatal period (see "Indicators That a Child May be at Risk for Abuse/Neglect," I. Hospitals, Section C, page 2).
2. These indicators should be recognized and the families concerned given appropriate support and surveillance. If the nurse suspects that the infant is at risk, she will advise the Ministry of Human Resources.
3. Pertinent information must be shared between hospital and health unit staff (and among health unit nurses when more than one is involved) to enable nurses to plan and provide service at critical times.

F. HEALTH UNIT — HOSPITAL LIAISON

1. There should be a clearly defined procedure concerning at risk families to ensure communication between hospital and public health nursing staff. The Child Abuse Team is an effective means of sharing information (see "Reporting Policies and Procedures," I. Hospitals, Section B, page 1).
2. A public health nurse, responsible for hospital liaison, visits the obstetrical unit, and in some hospitals, the paediatric unit on a regular basis. The liaison nurse may be from either the Public Health or Home Nursing Care Program. In either case, their role is to facilitate the routine referral of all new mothers and infants to public health nursing services and to identify those who exhibit special needs and require early contact.
3. When an at risk situation is recognized by the obstetrical nurses, the liaison nurse should be made aware. She will then alert the public health nurse assigned to the area of the need to visit the home promptly following the mother's discharge from hospital.
4. In situations identified as high risk by the obstetrical nurses, the Home Nursing Care Program can provide prompt and intensive follow up during the first few days following discharge, prior to the initial PHN visit. The majority of Home Nursing Care Programs are able to visit the same day or within 24 hours following discharge from hospital. This Program is usually available seven days a week.
5. Alternatively, the liaison nurse may advise hospital staff when mothers or children requiring special surveillance and nursing support are admitted to hospital.
6. The liaison nurse may be the health unit representative on the Child Abuse Team.

G. INDICATORS OF SEXUAL ABUSE

The behaviours that children exhibit differ greatly according to the age of the child. It is, therefore, important to be aware of the particular age related behaviours which *may* be indicative of sexual abuse.

1. **Preschool Child:**
   a) Unusual statements or statements that make sense only in a sexual context.
   b) Attempting sexual behaviour with other children, especially younger children and especially when done in an angry, aggressive, controlling way.
   c) Inserting any object into rectum or vagina.
   d) Frantic when diaper changing.

e) Regression, such as thumb sucking, bed wetting, baby talk or a favourite blanket.

f) Unusual or extreme fears of particular areas in the house or of particular members of the family — e.g. the bedroom, any room with closed door, a bed — this may suggest the child is fearful of the scene of molestation.

g) Extreme fear of being left alone with adult men or women.

h) Shrinking away from physical contact.

i) Withdrawing or becoming rigid when examined, especially in genital area.

j) Discrepant responses to mother's or father's visitors — e.g. very fearful of the sex of the offender.

k) Changes in behaviour, nightmares, terrors or screaming at night.

l) Regression to an earlier stage of development.

2. **School Aged Child:**

a) A child who appears to be overly mature. The child may behave like a teenager.

b) The child is often seductive, in cute, adorable ways if bright and if not bright often in overt, unacceptable ways, e.g. running outside without clothes.

c) Promiscuous behaviour or behaviour such as lying, stealing, running away.

d) Sexualized or bizarre drawings, artwork or essays which show themes of sexually abusive behaviour, e.g. child's concept of anatomy, maybe proportions are skewed.

e) Child who is fearful of going home after school.

f) Frequent absences from school with parents' consent and without regard for child's school performance.

g) Repeated attempts by the child to run away when there is no other misbehaviour problem, e.g. attempt to draw attention to self without "blowing the whistle" on the parent.

h) Refusal to undress for physical education classes, extreme fear of the showers, bathrooms or closed doors — this is where the molestation probably occurs.

3. **Adolescent:**

a) Inability to relate in any age-appropriate way to their peers.

b) Running away, stealing cars.

c) Self-abusive behaviour such as drug or alcohol abuse, suicide attempts and mutilation.

d) Promiscuity.

e) Detachment of a child's cognitive functioning from his emotional functioning, e.g. body language, inability to discuss feelings, lack of appropriate affect in emotional circumstances.

f) Sudden deterioration in school or home performance.

g) Hate or fear of the abuser.

h) Unwilling to undress at gym or participate in physical education.

i) Provocative or seductive dress or behaviour.

j) Depression.

k) Frequent absences from school.

l) Unwillingness to be touched.

m) An over achiever or model student in school, a child who fades into the background.

Prepared by the Practitioners Committee on Sexual Abuse.

H. REPORTING OF SUSPECTED SEXUAL ABUSE

The sexual exploitation of children is recognized as a significant part of the overall problem of child abuse and neglect. When during the course of her duties the public health nurse suspects sexual abuse she will discuss her concerns with the medical health officer *prior to* referral to the Ministry of Human Resources.

If the suspicion arises from interviews or activities carried out in relation to the control of sexually transmitted disease (S.T.D.) legal requirements dictate the following guidelines:

1. **When suspicion is based on physical signs or verbal evidence** the Minister of Health may authorize release of this information to the Superintendent or delegate. Section 12(2) of the Venereal Disease Act states:

   "Every person employed or who has been employed in the administration of this Act shall preserve secrecy with regard to all matters that come to his knowledge in the course of his employment and shall not communicate any matter to another person except as otherwise authorized by this Act, the Marriage Act or by the Minister, . . ."

Ministerial authorization to release information arousing suspicion of sexual abuse may be obtained through the Assistant Deputy Minister, Preventive Services.

2. **When suspicion is based on laboratory reports** related to the control of S.T.D., information *may not be released.* Section 12(2) of the Venereal Disease Act states:

   "No person shall issue or make available to a person other than a medical practitioner or persons engaged in the administration of this Act a laboratory report, either in whole or in part, of an examination made to determine the presence or absence of venereal disease."

I. INVESTIGATIONS OF CHILD ABUSE IN CHILD CARE FACILITIES LICENSED BY PROVINCIAL CHILD CARE FACILITIES LICENSING BOARD

BOARD means Provincial Child Care Facilities Licensing Board.

SUPERINTENDENT means the Superintendent of Family and Child Service and/or his delegated representatives.

MEDICAL HEALTH OFFICER means a Medical Health Officer and/or his delegated representatives.

REGULATIONS means the Provincial Child Care Facilities Licensing Regulations.

Responsibility

1. Every person who has reasonable grounds to believe that a child is in need of protection is required, by Section 7(1) of the Family and Child Service Act, to report the circumstances immediately to the Superintendent, or to a person designated by the Superintendent to receive such reports.
2. The medical health officer is required, by Section 9(b) of the Community Care Facility Act, to investigate every complaint that a Community Care Facility being operated with the municipality does not fully comply with the Act or Regulations and report the results of the investigation and make a recommendation to the Board.
3. Investigation of complaints that a child may be in need of protection is the responsibility of the Superintendent under Section 8 of the Family and Child Service Act.
4. Where the Board is of the opinion that a child in a facility is subjected to physical, verbal or sexual abuse, physical neglect or emotional deprivation, the Board is required by Section 9(3) of the Regulations to immediately suspend or cancel the licence or interim permit issued to the facility.

Procedure

1. All reports of a child being in need of protection must be referred to the Ministry of Human Resources District Office serving the area in which the child care facility is located.

   The District Office will assign a social worker with delegated authority from the Superintendent who will immediately investigate the complaint.

2. The investigating Ministry of Human Resources social worker will immediately notify the medical health officer, and the Ministry of Human Resources officer supervising the area of the child's residence, if different, that a protection complaint has been laid.

   The medical health officer will officially notify the child care facility (either the board of the facility or the proprietor) that he has been advised by the Superintendent that a complaint has been made.

3. The medical health officer and appropriate Ministry of Human Resources staff will work in conjunction with the investigating Ministry of Human Resources social worker who will carry the full responsibility for the investigation.

4. Any complaint involving sexual abuse or serious physical injury must be reported to the police by the investigating Ministry of Human Resources social worker.

5. The Ministry of Human Resources investigation of the complaint will be in accordance with established Ministry policy and procedures for the investigation of complaints, and a report of the complaint must be forwarded to the Central Registry (of Protection Complaints).

6. Upon completion of the investigation, the investigating Ministry of Human Resources social worker will advise the child's/children's parents. The investigating Ministry of Human Resources social worker together with the medical health officer will meet with and advise the alleged abuser and the facility board or proprietor of the results of the investigation.

7. The investigating Ministry of Human Resources worker will also submit a written report of the findings to the medical health officer, with copies to the Ministry of Human Resources staff representatives on the Provincial Child Care Facilities Licensing Board, and to the Deputy Superintendent, Protection Services, Family and Children's Services Division.

8. The medical health officer and investigating Ministry of Human Resources worker will jointly write to the alleged abuser and the child care facility (either the board of the facility, or the proprietor) advising them of the results of the investigation and the recommendations (if any) which will be made about the facility's licence to the Licensing Board.

9. The medical health officer is to submit a report to the Licensing Board, including a copy of the investigating Ministry of Human Resources worker's report. The medical health officer's report will include recommendations for the Board's consideration.

10. Upon receipt of the report of the medical health officer, the Chairman of the Board will determine if Board action is required. If immediate Board action is required, the Chairman of the Board will arrange for an emergency Board meeting.

11. The Board will, on the basis of the information available, decide what action is appropriate and may suspend or cancel the licence of the facility.

12. If no action is recommended or required, an emergency meeting of the Board will not be called, but the information will be presented to the Board at their next monthly meeting.

13. Whether or not action is required or recommended, the Licensing Board will file the report on the facility's file and on the file of the person against whom the complaint was made.

    The report should clearly state if the complaint was founded or unfounded. If the complaint is unfounded, the person against whom the complaint was made is to have the opportunity to prepare his/her own statement and have it placed on his/her file and on the file of the facility.

    The Board will remove and destroy unfounded complaints one year after receipt if no further complaints have been received during that year.

14. Where, as a result of an investigation, the Board takes action with regard to the status of the licence of the child care facility, the Board will notify the facility operator in writing of the action taken and clearly specify the reasons for it.

15. Where such action involves the suspension or cancellation of a licence, the Board will immediately notify the medical health officer, the Ministry of Human Resources District Office serving the area in which the child care facility is located, and the regional manager for the Ministry of Human Resources.

16. All enquiries relating to the suspension or cancellation of a licence or interim permit shall be directed to the Chairman of the Board.

J. AREAS OF JURISDICTION

Public health nursing services and policies described in the preceding pages are those designed for the areas of the province served directly by the Ministry of Health through the seventeen provincial health units.

The remainder of the province which includes New Westminster, Vancouver, Burnaby, Richmond, North and West Vancouver and the Capital Regional District (Greater Victoria area) receive similar services through their Municipal Health Departments or through the Capital Regional District Community Health Services. These Health Departments may have additional or varying policies and procedures.

II. Health Units, Section I, "Investigations of Child Abuse in Child Care Facilities Licensed by Provincial Child Care Facilities Licensing Board," is a province-wide policy.

III. COMMUNITY MENTAL HEALTH PROGRAMS

The local Mental Health Centre (in Victoria — 'Integrated Services') provides a limited service to or for whom:

1. **Assessment**
    a) Assessment of the nature of abuse in children where serious emotional abuse is the primary problem;
    b) Assessment of psychopathology in parents where mental illness is suspected.
2. **Treatment**

    In selected cases, treatment for abused childen or their parents through psychotherapy, counselling, behaviour modification, assistance in environmental manipulation or the provision of medication.
3. **Consultation**

    Consultation to community agencies and individuals dealing with child abuse.

MINISTRY OF HUMAN RESOURCES

MINISTRY OF HUMAN RESOURCES

The Ministry of Human Resources has adapted policy from the Protection of Children Act, Section 7 (2). This is stated below and delineates the responsibility of any representative of the ministry when dealing with a case of suspected abuse.

I. POLICY

It is mandatory that any person who believes a child may be abandoned, deserted, physically maltreated or in need of protection report forthwith to the Superintendent of Child Welfare. It is customary that these "reports" be made to the Superintendent's representative in the local office of the Ministry of Human Resources, and that the written report be forwarded to Family and Children's Services division by the district office. These reports on Form 1214 are filed in the Registry of Protection Complaints, with a follow up report (Form H. R. 1214A) to be forwarded within 30 days.

1. PURPOSE

This provision is to ensure that children who are, or are believed to be, in need of protection will be brought to the attention of the person or persons (the Superintendent and his representatives) with the statutory responsibility and authority for children in need of protection. It is usual therefore, that others in the community with concerns about children will report these concerns to the local district office, where an ***immediate inquiry*** and such services as may be required, can be initiated.

2. REPORTING THE COMPLAINT

A complaint ***must*** be investigated immediately, and information concerning the complaint must be forwarded to Family and Children's Services Division on the appropriate form (H.R. 1214).

3. PROCEDURE FOLLOWING RECEIPT OF A COMPLAINT

1) Where possible, check with Family and Children's Division by telephone. If any previous protection complaint involving this child or one of his caretakers (parent or "acting" parent) has been registered, information of the earlier report and the location of the district office involved at that time will be provided to assist you in your inquiry and assessment.

2) Information provided by the complainant should be recorded on the Form HR 1214 and forwarded immediately to Family and Children's Services Division, whether or not the complaint has yet been substantiated. This will result in an index card being set up to record the basic information of the complaint in a Central Registry. A copy of the HR 1214 of any previous incident will be mailed to the district office, (if it has not been previously mailed in response to a telephone inquiry above). If the previous information shows cause for serious concern, the information will be phoned.

3) Investigation of the complaint must be initiated immediately and the child about whom the complaint has been made must be seen.

4) Within 30 days a further report (HR 1214A) must be forwarded to the Central Registry of Protection Complaints. It should indicate whether, on further investigation, the complaint was considered to be unfounded or whether it was believed to be valid. Upon receipt of an 'unfounded' report, the file will be closed in the Central Registry.

5) If the complaint is valid, and there are grounds for concern about the care of the child, protective services will be offered and appropriate actions taken immediately by the social worker in consultation with the District Supervisor (and Regional Manager, if necessary) to assist the family and to provide protection to the child. The 30-day report will be forwarded as above, reporting briefly on the type of action taken.

4. REGISTRY OF PROTECTION COMPLAINTS

The purpose of the Registry of Protection Complaints is to maintain a central listing in order that Field Staff can be assisted in their inquiry by being alerted to any previously reported incidents or concerns. It will also assist in dealing with other provinces when there is reason to suspect that child abuse may have occurred in another jurisdiction. No information is provided except to an authorized agency whose involvement with the child and/or family is entitlement to such background. In addition, the Registry provides minimal statistical information as may be required from time to time by Ministers, Deputies and Executives within our own Ministry or within related Ministries.

5. INTER-MINISTERIAL CO-ORDINATION

In all protection matters the school, public health, probation, police and other related community services should be involved depending upon the individual needs of the case, both in the investigative assessment process and in the treatment or rehabilitative services to the family. The Inter-ministry Children's Committees, local and regional, have an overall responsibility to co-ordinate education, programs and services in this area and can offer guidance and support, both in specific concerns around an individual case, and in more general terms of developing community awareness and encouraging inter-ministerial co-operation.

II. THE ROLE OF THE MINISTRY OF HUMAN RESOURCES SOCIAL WORKER IN INVESTIGATION

1. THE PURPOSE OF INVESTIGATION

In order to determine the validity of a report, an investigation must be conducted by a Ministry of Human Resources social worker. Investigation is a key part of the overall process. The information obtained during the investigation determines to a large extent the subsequent actions to be taken; including the treatment and services with which the family will be provided.

There are three purposes of an investigation:

1) Determine if abuse or neglect is occurring.

2) Determine whether the child is at risk in the home as a subject of future abuse.

3) Determine whether the risk is serious enough to warrant immediate intervention to guarantee his/her safety.

Underlying these specific purposes is a general concern for the functioning of the entire family. Investigation of child abuse and neglect involves an authoritative intervention into the normally private relationship between parent and child. To be effective, the intervention must be sensitive to the causes of abuse and neglect and supportive of the family's right to obtain help.

2. OBTAINING INFORMATION FROM THE COMPLAINANT

When someone reports a suspected case of abuse or neglect, it is important to obtain as much information as possible that will be needed in subsequent steps of the process. This should include:

— Name of child
— Age of child
— Birthdate of child
— Address of child
— Name, address and telephone number of parents
— Alleged incident that precipitated the report
— Present condition of child
— Siblings in the home
— Other individuals or agencies who know the family
— Name of complainant (if willing)
— Address of complainant
— Telephone number of complainant
— Relationship of the complainant to the family
— Why is the complainant calling now?

3. CHECKING THE RECORDS

Institute a routine records check on the family which may include closed files, court records, police records, daycare and public health. The file may be active with another worker in another office or agency. Telephone the Registry of Protection Complaints in Victoria to

ascertain whether any other reports have been filed. In the Lower Mainland, check with Emergency Services records.

4. SAFETY TO THE CHILD

The first purpose of an investigation, for obvious reasons, is to make an initial determination to ensure the child's safety. If the child is in immediate danger of further injury, the investigator must take whatever steps are necessary to ensure the child's safety before the rest of the investigation can proceed. These steps can involve a number of interventions ranging from obtaining help from neighbors or relatives to care for the child temporarily until the parent is located, to bringing in a homemaker who will care for the entire family in the home, to removal of the child into another environment until the investigation is completed. The decision to remove a child can be difficult in view of the disruptions that such removal will cause, but ***the reality of some cases is that death or serious injury could occur during investigation if the child remains at home.***

5. GUIDELINES FOR ASSESSING RISK

The following are ***guidelines*** for assessing the risks to the child in the parents' home. These points are ***some*** of the factors to be considered in removing or leaving a child in his home. (As more resources are available and utilized by the family, the need for placement is reduced).

1) Age of child. Be particularly cautious about taking chances with an infant — he is more vulnerable and less visible in terms of injuries and community observation.

2 Type of injury and severity. Broken bones, burns, head injuries, and severe multiple bruises imply more violent outbursts and less impulse control. Children with such injuries should always be examined by a physician. Was the injury a loss of control by the parents or a methodical torture of the child?

3) What is your assessment of the parents? Does the parent (or parents) appear out of touch with reality, hallucinating or having delusions? What are we dealing with?

4) What precipitated the abuse? Children are abused during crisis situations. If the family is involved in a current crisis that has not been resolved, abuse might be more likely to continue. Was the abuse precipitated by the child's behaviour that is likely to continue, such as the crying of an infant? Is this an isolated incident or an ongoing problem?

5) Does the parent know how and when to ask for help?
Can the parent take the child to someone for relief? Has he or she used such assistance?

6) Where are the parents' "life-lines"? Who is meeting the needs of the parents? Is there someone readily available to the parent?

7) Compatibility of explanation. If the child has been injured, is the explanation compatible with the injury? Medical verification of the injury should be obtained, accompanied by the parent's explanation of how it happened and whether this is compatible with the injury.

8) Is the abusive parent blaming the child for having brought trouble to the family? This will indicate that the parents' anger over the intervention will be directed toward the child, and it could set the child up for further abuse when the social worker leaves.

9) Is the parent able to see the child as an individual separate from herself/himself, or is the

parent unable to separate her/his own identity from that of the child or other family members? Lack of individualization indicates more danger to the child.

10) Does the parent think the abuse is necessary and justified to correct the child and his behaviour?

11) Does the parent have a distorted view of the child? An example would be seeing the child as bad, purposely doing things to upset and anger the parent(s), i.e., a two-year-old breaking a parent's prized possession. This would allow the parent to feel justified in abusing the child.

12) Bear in mind that intervention by the Ministry of Human Resources or the police can be threatening to parents and can precipitate a crisis. The worker should stress that he is there to ensure that the child is safe and that the family receives help. The worker, if undecided after the initial visit, should return as soon as possible for a follow-up and further assessment.

13) Is the child in a particularly difficult developmental state, i.e., the "terrible two's", so that the parent is having added problems coping with the child? Does the child have special needs, e.g., physical or emotional handicap, requiring additional time and attention which the parent is finding excessive?

14) How was the parent(s) disciplined as a child? What was his/her parenting experience as a child?

Such a decision should involve consultation at a minimum, with the District Supervisor or designated substitute in his absence and, if possible, with appropriate medical authorities (in the case of physical abuse). The ideal resource would be a team of professionals skilled in assessing risk to a child, such as the Ministry of Human Resources Child Abuse Team.

6. COLLECTING INFORMATION

If the report indicates that a child sustained injuries, the investigator obtains information about those injuries such as the parents' explanation (if any) concerning how the injuries occurred; and the child's explanation (if appropriate); statements from people who observed the incident(s) or examined the child. The social worker must examine the child for injuries, and if injuries are present or suspected the child must be seen immediately by a physician. Parents can also be queried as to what steps they took to protect the child (if they claim the injuries were accidental), what medical care, if any, they gave the child following the injuries, and what medical care, if any, the child has received from other sources. The investigator should also ascertain if the child has been injured before, and if so, should obtain similar information for previous injuries.

If the report indicates that a child has been neglected, the investigator explores the specific allegations with the parents and, if possible, makes direct observations of the child's home environment — especially if the parent contradicts the charges in the report. If, for example, the report states that the child is malnourished and/or without adequate clothing — and the parents deny these charges — the investigator should ask to see the child and observe the child's clothing and the presence or absence of food in the home; ask to see food in cupboards and refrigerator; ask to see where the child sleeps. Does the child appear ill, unresponsive, depressed or withdrawn? When such an observation is inconclusive, the investigator can (with the parents' co-operation if possible) seek a third opinion — for example, from an examination of the child by a doctor or other health professional.

7. GUIDELINES FOR ASSESSING THE FAMILY'S EMOTIONAL AND FUNCTIONAL CAPACITIES

Child abuse and neglect are part of a set of inter and intra-personal ***behaviour patterns*** which can be caused and/or aggravated by external stress on the family. While obtaining an extensive history of these patterns is not the purpose of the investigation, some knowledge of the behaviour is helpful in investigating a report of abuse or neglect to help to determine its validity (especially if other corroborating information is not self-evident or clear-cut). They do not, by themselves "prove" the existence of abuse or neglect, but in concert with more tangible evidence, they do strongly suggest a family situation conducive to the maltreatment of children. Types of substantiating information to seek include the following:

— How the family provides for a child's basic needs of food, clothing, shelter, supervision, medical care and schooling.

— Husband-wife conflicts which are "taken out" on the children.

— Personal problems of either spouse which prevent effective parenting, such as mental disturbance or retardation.

— Crisis such as loss of job, death of an important family member, or birth of a new baby that could be overwhelming the family.

— The existence of unreasonable expectations concerning a child's behaviour as, for example, requiring a two-year-old child to always be neat.

— Parental use of physical violence as the primary means of controlling the child.

— Destructive relationships among siblings, or between a parent and another child, that could contribute to the abuse and/or neglect of the child cited in the report.

8. THE CHILD'S INVOLVEMENT IN INVESTIGATION

Although the child is the focus of the investigation, his or her involvement in the investigation itself must be handled carefully. Clearly the abused or neglected child, along with any other children in the home, are proper subjects for observation by the investigator at the time of the interview. Deciding whether the child is interviewed should depend on two factors:

1) The impact of the interview on the child (an interview with an investigator could increase the trauma of an already disturbing life experience); and

2) The effect on the child's relationship with his/her parents (interviewing a child could aggravate an explosive parent-child relationship, causing the parent to become suspicious and/or jealous of the child — or making the child feel guilty for divulging information about the parent).

In some cases, the interviewer will have no choice in the matter. The parent may insist that the child be present during the interview. If this is the case, the investigator should take this opportunity to observe the child and parent-child interactions. Another alternative is to include the child for part of the interview.

There are also times when the investigator must interview the child. In cases of sexual abuse, an interview with the child is generally a required part of the investigation to assess the reliability of the child's story. When a parent states that the child is wild and out of control, the investigator may need to interview the child to evaluate the parent's charge.

An investigator may also want to interview a child who is to be removed from the home, or who exhibits anxiety about the investigation. It is not unusual for a child, particularly a teenager, to report abuse or neglect; in these cases the child will be the interviewer's initial contact with the family.

III. METHODS USED TO OBTAIN INFORMATION NEEDED FOR AN INVESTIGATION

There are three methods that can be used to obtain critical information: interviewing, observing (which frequently occur together) and collecting documentary evidence such as written records of interviews and observations, medical records, photographs, etc.

1. INTERVIEWING

Interviewing is always face-to-face with the family — not over the telephone. The social worker can choose to interview any of the following people: the parents, the child, siblings, relatives, neighbours, friends, other concerned individuals, and professionals already involved with the family. The most important interview is with the family, both in terms of getting the most immediate information and in including the family in any other investigative steps.

Interviewing can be used to gain background information about a family, to clarify what has been observed by an investigator and by other observers, and as a means of establishing contact and rapport with a family.

The timing, focus and content of the questioning process varies depending on the nature of the case and the agencies and individuals involved. The social worker should honestly express his concerns to the family in a non-threatening way if possible. Police investigators must be concerned with learning the objective facts of a case in order to determine if grounds exist for criminal prosecution. This may lead to a questioning technique which is more direct and precise in its intent. A child protection worker may be more concerned with determining the overall family situation and may take a more generalized approach to questioning in order to gain confidence and trust of the interviewee, particularly when talking to those directly involved with the suspected abuse or neglect. In some cases, the desired questioning approach will fall somewhere between the extremes of interrogation and dialogue in order to obtain needed factual information and establish contact with the family.

2. OBSERVING

While observation is a critical part of the investigation process, it is also the most subjective. The investigator is literally ***looking*** for any information which will be useful in the evaluation of the report. But the judgements concerning what to look for and how to assess what is seen are matters both of the investigator's individual skill and discretion. As a result, it is important (whenever possible) to substantiate all observations with objective data and evidence.

What to observe

There are two types of observable data — physical and emotional. Physical information includes the physical setting of the home, such as eating and cooking facilities, cleanliness of bathrooms and kitchens, basic amenities such as beds, lighting and space.

Included also is the degree to which the house is safe and healthy for a child — are there unprotected open windows, exposed wiring, vermin, human or animal waste material, etc.? Is the household in sufficient order to prepare food, allow for sleep, and some basic daily functioning?

Although information about emotional factors in the family is generally obtained through interviews, observation can often be an important tool in assessing the accuracy of the parents' statements about the emotional factors. For example, if a mother describes her relationship with her husband as supportive and positive, and the investigator observes the husband responds to his wife's distress by leaving the room or verbally attacking her, there is reason to doubt the accuracy of what the mother says about her relationship with her husband.

Other non-verbal messages that can be observed include eye contact between family members; facial expressions of love, support, anger, distrust, and rejection; tones of voice that communicate various emotions; the presence or absence of communication; the willingness to listen, to express feelings, to conceptualize feelings, to engage in physical closeness.

Observations of the parent's behaviour can be used to confirm an investigator's assessment of the parent's emotional functioning. For example, an investigator can discuss in an interview with a parent whether or not he/she has a drinking problem. Often such problems are denied; and observations by the investigator of the parent's speech patterns, co-ordination, and general physical appearance can be used to deal with that denial if in the investigator's opinion a drinking problem does exist.

It must be stressed that observations are very subjective and by themselves prove very little. Many families, for example, are not very verbal; this "lack of communication" may appear to a highly verbal, middle-class investigator as destructive, when in fact it may indicate nothing more than a different style of relating from that used by the social worker.

When investigating how parents raise their children, the social worker must always be conscious of how cultural differences and/or differences in life-style may be construed as contributing to abuses or neglect as well as how any differences in culture or life-style may affect his/her response to the family.

3. GATHERING EVIDENCE

The third method of obtaining critical information is through gathering documentary evidence, information prepared in such a way as to corroborate or dismiss a report. Included are written records of interviews and observations and in severe cases collecting physical evidence reports and/or photographs to substantiate a legal presentation. This method provides a built-in mechanism for balancing the subjective aspects of interviewing and observing, and is crucial if and when a case is referred to the courts. The evidence thus collected gives credibility to an investigator's observations, conclusions, and recommendations, and helps to resolve disagreements over interpretations of a case.

Information of this sort includes primary and secondary evidence. Primary evidence refers to the records and physical material personally collected by the investigating worker. Secondary evidence refers to evidence gathered from others: medical records, police photographs, records from other agencies involved with the family.

IV. ASSESSMENT AND CASE DECISION

The final step in the investigation process is assessing the critical information and making a case decision. The assessment process includes:

— A review of the allegations contained in the report.

— A statement of all the facts obtained in the investigation.

— A statement of all the evidence obtained in the investigation that can substantiate the facts.

— An assessment of whether the facts obtained in the investigation substantiate or refute the allegations of the report.

— An assessment of the child's long-term needs for protection based upon the facts and evidence and the investigator's evaluation of the parents' needs that will affect their ability to provide the protection.

— Options available to the social worker as determined by law, agency mandates and available resources.

V. MONITORING AND REASSESSMENT OF THE CASE

After an investigation and assessment is complete and a case plan is developed, it is the responsibility of the social worker in conjunction with other relevant professionals and his superior to monitor the case to determine if the treatment plan is being effective in alleviating the abuse/neglect, and when appropriate if the child can be returned. Because change is a very slow process, the monitoring of the family may take one to two years, if not more. It is critical that these families do not have services withdrawn too quickly.

VI. GUIDELINES FOR RETURNING A CHILD

1. RETURNING A CHILD

The following are guidelines for returning a child and areas where change should take place in order to consider return of the child to the parents' home:

1) Is there more open communication between parents, and is it sustained over a period of time, a number of weeks or months?

2) Are the parents' expectations of the child more realistic, based on the child's age and developmental level?

3) Are parents meeting each other's needs more appropriately? Particularly important, there should be less tendency on the part of the parents to look to the child to have their needs met. What is the alternative system of the family? Who is doing what for whom?

4) Is the parent's view of the child realistic, not distorted? What is the perception of the child?

5) Can the parent allow the child to develop his own identity? Can the parent see his emotions as separate from those of the child or others in the home?

6) Reduction in family stress. Children are abused during crisis situations. If there are fewer crisis situations, there is less probability of continuing abuse of the child. Also, you can judge growth of the parents by their ability to cope with situations before they turn into crises, so that they actually have fewer crisis situations. Consider the coping and adaptation abilities of the family.

7) Are the parents more able to understand and meet their children's needs?

8) Often the child's behaviour will provoke the parents' abuse. When this is the case, has the child's negative behaviour improved? Can the parents use your help in dealing with this behaviour in an effective way?

9) If you were able to understand what interaction took place between the parents or family members that brought about the abuse of the child, look for a change in the behaviour patterns of the family members.

10) Are you seeing healthy interaction between the parent and child during visits?

11) Can the abusive parent ask for help when he or she needs it? Are they aware of potentially difficult times for them?

12) Can someone else in the family or home intervene successfully to protect the child? Is he or she helpful and supportive to the parent? Where are the support systems?

13) Is there a treatment relationship established with a helping person, so that when the parent has the impulse to act out, i.e. abuse, the parent will call the worker?

14) Are the parents less isolated and do they feel better about themselves?

15) Have the parents learned alternative ways to discipline? Can they demonstrate their ability to discipline appropriately?

16) Is the parent ambivalent regarding the child? Is he or she saying one thing and his/her behaviour indicating otherwise. (i.e., stating a desire to have the child back, yet not following through on the treatment plan or missing arranged visits)?

17) What are the observations and assessments of other agencies involved in the case? Are they consistent or inconsistent with the previous evaluation?

2. CASE CLOSURE

1) The above guidelines are the same factors to be considered in closing protective service cases.

   What is particularly significant in the decision to close a case is a sustained period of positive functioning on the part of the parents and child, coupled with a gradual diminishing of the Ministry of Human Resources involvement.

2) When closing a case, always let the parents and other involved agencies know that "the door is open" — that is, we are interested and available for re-referrals.

VII. THE SOCIAL WORKER'S ROLE IN RELATION TO THE SCHOOL AND PUBLIC HEALTH

When a Ministry of Human Resources social worker receives a complaint from a school, the worker should promptly talk to the teacher, principal and public health nurse in an effort to gather more information regarding the complaint. In rare situations where perhaps the public health

nurse has a relationship with the family, or in rural areas where the social worker is unable to go in immediately, the public health nurse may see the family first regarding the complaint. The information she gathers should be communicated as soon as possible to the social worker who has ultimate responsibility for the case. Although a multidisciplinary approach is essential, the Ministry of Human Resources social worker must monitor the case. This can be done in conjunction with the school and the public health nurse. Regular case conferencing and documentation of the case is the responsibility of the social worker.

VIII. ZENITH HELP LINE FOR CHILDREN — 1234

1. PURPOSE OF THE ZENITH HELP LINE FOR CHILDREN

The Zenith Help Line for Children is to provide a 24-hour telephone service for children, families and other citizens to report situations of child abuse and neglect as well as crises or emergencies involving the protection of children.

2. OPERATION OF THE ZENITH HELP LINE FOR CHILDREN

During normal office hours, Monday to Friday, 8:30 a.m. to 4:30 p.m., persons calling the Zenith Help Line (1234) will be automatically routed by the B.C. Telephone operator to the nearest designated Ministry of Human Resources office. (It may not be possible for calls to be routed to all district offices.)

Between the hours of 4:30 p.m. and 8:30 a.m., Monday to Friday, and on weekends and statutory holidays, all calls made on the Zenith Help Line for Children will be diverted to the Lower Mainland Emergency Services Unit in Vancouver.

The calls will then be assessed by the Unit Staff, and referred to the appropriate resource in the area from which the call is originating. (See flow chart.) This could be the on-call Social Worker, District Supervisor, or R.C.M.P. If the police are to receive emergency calls, the local system currently in operation should be reviewed to ensure that it can meet the needs of this program.

3. WHO WILL USE THE ZENITH HELP LINE FOR CHILDREN

It is expected that the Zenith Help Line for Children will be used by children and by adults who are in crisis or know of an emergency involving a child who may be subject to abuse or neglect.

4. TYPES OF CALLS

Two main categories of incoming calls are envisioned. It is expected that the majority of calls will concern complaints of a non-urgent nature. These calls will be forwarded to the appropriate District Office for follow-up on the next working day.

The second group of complaints would involve specific incidents of child abuse/neglect that indicate a potential immediate risk to the child. These complaints, as outlined in legislation and Ministry of Human Resources policy, will be referred to the appropriate local resource and must be investigated and assessed immediately.

5. HOW THE ZENITH HELP LINE FOR CHILDREN WILL BE ADVERTISED.

A province-wide television, radio and newspaper campaign is being planned. The Zenith Help Line for Children will be advertised as the number to call when a child or family needs help dealing with child abuse/neglect or in dealing with the pressures of being a parent. The theme will be "Hurting doesn't have to be a way of life. Call the Help Line".

6. LOWER MAINLAND EMERGENCY SERVICES UNIT FUNCTIONS. ROLE OF THE SOCIAL WORKERS

When a call comes through to the Zenith Help Line Social Worker, the Worker receiving the call will assess the urgency of the call and decide whether to refer immediately or wait until the local office opens. Non-emergency situations will be handled by telephone counselling and referral to the local office on the next working day.

Serious neglect/abuse allegations requiring immediate response will be handled according to the explicit directions of the local district office, which will decide in advance how emergencies in each district are to be dealt with. In some areas, this will involve a referral to another agency such as the R.C.M.P., who may be given the option of direct response or of calling on a duty social worker, depending on local agreement.

Wherever the emergency call is referred to, other than M.H.R. staff, the Zenith Help Line for Children contact will be followed by a written report to the local Ministry of Human Resources office and by a telephone call from the Zenith Help Line for Children follow-up Social Worker the next day.

A copy of each referral made to a local resource by the Lower Mainland Emergency Services Unit will be forwarded to the District Office Supervisor.

The Zenith Help Line for Children is not intended to replace existing facilities — rather it is intended to supplement them and provide access to them by people who may not be able to find the appropriate telephone numbers in a moment of stress.

7. DISTRICT OFFICE RESPONSIBILITIES

1) Provide initial information to the Lower Mainland Emergency Services Unit, supplying up-to-date information regarding Community Resources and the procedure to be used in responding to after hours emergencies.
2) ***Ensure that this information is immediately up-dated,*** including any change to the duty workers' home telephone numbers and other resource contacts in the community.
3) ***Immediately investigate*** all Protection complaints referred through the Zenith Help Line for Children. (The Registry of Protection Complaints should be contacted for any previous known incidents.)
4) Provide service and follow-up where required.
5) ***Report*** where appropriate to the Registry of Protection Complaints.
6) ***Keep Regional Manager advised*** of any difficulties encountered in responding to referrals and complaints.
7) Provide information to interested Community members and agencies about the program.

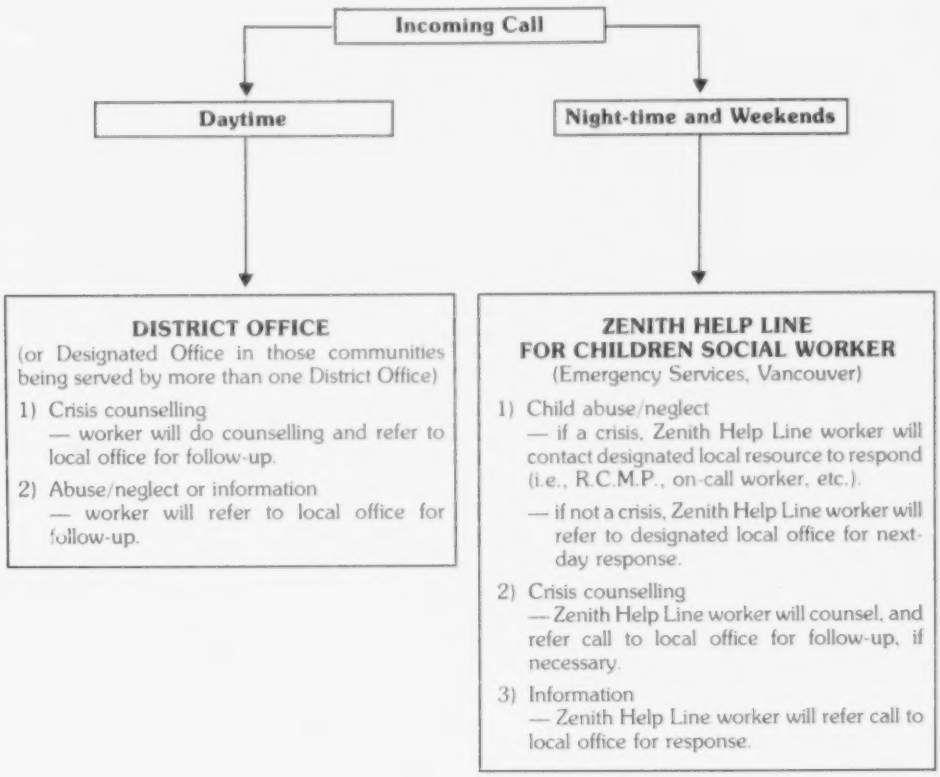
8. REGIONAL MANAGER'S RESPONSIBILITIES

1) Monitor program's effectiveness regionally.
2) Advise Family and Children's Services Divisional Protection Services Coordinator of any questions or operational problems.
3) Alert Executive Director to issues requiring Executive action.

9. FAMILY AND CHILDREN'S SERVICES DIVISION

— Coordinate and monitor service at Provincial level.

10. OPERATION OUTLINE OF THE ZENITH HELP LINE FOR CHILDREN


Incoming Call
Daytime
Night-time and Weekends
DISTRICT OFFICE
(or Designated Office in those communities being served by more than one District Office)
1) Crisis counselling
— worker will do counselling and refer to local office for follow-up.
2) Abuse/neglect or information
— worker will refer to local office for follow-up.
ZENITH HELP LINE
FOR CHILDREN SOCIAL WORKER
(Emergency Services, Vancouver)
1) Child abuse/neglect
— if a crisis, Zenith Help Line worker will contact designated local resource to respond (i.e., R.C.M.P., on-call worker, etc.).
— if not a crisis, Zenith Help Line worker will refer to designated local office for next-day response.
2) Crisis counselling
— Zenith Help Line worker will counsel, and refer call to local office for follow-up, if necessary.
3) Information
— Zenith Help Line worker will refer call to local office for response.

For a better understanding of the policy and mechanism for reporting employed in other Ministries, refer to the other sections of this manual and to the Inter-Ministerial Statement.

NOTES

MINISTRY OF THE ATTORNEY-GENERAL

MINISTRY OF THE ATTORNEY-GENERAL

Since the early sixties research about child abuse has provided the public with a series of grim revelations about the extent and nature of the child abuse problem in the United States and Canada. It appears that the best approach in dealing with child abuse is the multi-discipline approach. In this approach, the handling of child abuse incidents is never entirely entrusted to a single agency. Child protective services customarily utilize skills that are found in the fields of social services, medicine, law enforcement, and the courts.

The various governmental agencies that handle portions of a child abuse case must work together. Each agency has a separate but overlapping responsibility. The contributions of each are extremely important. Co-operative action and good inter-agency communications are essential ingredients that must be developed for successful handling of child abuse cases.

The Police role and the role of Crown Counsel are grouped together under the title of the Ministry of the Attorney-General. The police section of the manual will be considered to be part of the training for police in British Columbia.

I. POLICE

1. THE POLICE ROLE

It is clear from the introductory statement in this manual that the major responsibility for dealing with abused/neglected children lies with the Ministry of Human Resources. When a police constable is involved it is normally to assist by his attendance, the "persons authorized in writing by the superintendent i.e. 'the social worker', to prevent a breach of the peace".

Where a social worker cannot make an apprehension on his own without assistance, then, the constable either assists in the apprehension or makes the apprehension himself.

Since the police provide round-the-clock service, they are often the only authority available for child abuse situations requiring immediate response. In emergency situations the police officer has the authority to take a child into protective custody or to make an arrest when appropriate. In non-emergency cases police involvement may come about as a result of a complaint that merits investigation or as a result of an officer's own alert observation of neglected or possibly abused children.

Once the police officer has identified a case of child abuse the officer should keep in mind the priorities of his responsibility. Firstly, he must protect the child. In serious cases of child abuse the officer may decide to take the child into protective custody immediately, or to notify the appropriate social service agency. Secondly, he must gather evidence for possible prosecution.

2. DEFINITION OF CHILD ABUSE

Refer to the definition section at the beginning of this manual.

3. GUIDELINES FOR IDENTIFICATION OF CHILD ABUSE

The following signs and symptoms indicate non-accidental injury or maltreatment and should alert the investigating officer to suspect child abuse.

When a Child:

1) Has an injury and is under one year.
2) Has an unexplained injury.
3) Shows evidence of dehydration and/or malnutrition without obvious cause.
4) Has been given inappropriate food, drink and/or drugs.
5) Shows evidence of overall poor care.
6) Shows evidence of repeated injury.
7) Is dressed inappropriately for degree or type of injury.
8) Shows evidence of sexual abuse.
9) Shows evidence of recurring skin injuries.
10) Shows evidence of recurrent fractures and/or injuries.

When a Parent:

1) Presents contradictory history.
2) Projects cause of injury onto a sibling or third party.
3) Has delayed unduly in bringing a child in for care.
4) Reveals inappropriate awareness of seriousness of situation (either over-reaction or under-reaction).
5) Continues to complain about irrelevant problems unrelated to the injury.
6) Personally is misusing drugs or alcohol.
7) Shows evidence of loss of control, or fear of losing control.
8) Has no one to help her/him out when upset with the child.
9) Is reluctant to give information.
10) Refuses consent for further diagnostic studies.
11) Avoids using same hospital.
12) Has unrealistic expectations of the child.

4. LEGAL ASPECTS OF CHILD ABUSE

1) Apprehension and Entering the Home:
When dealing with child abuse there are two major problems which the police are liable to encounter. Firstly, the right to apprehend the child in the emergent and acute situation

and secondly, the right to enter the home or any other building to effect that apprehension.

The Protection of Children Act gives the authority to act in both instances.

Section 7 gives the authority to apprehend, without warrant, a child (under 17 years) who meets the following requirements:

(1) Where a child is ill-treated so as to endanger his health, life or morality by continued personal injury or by grave misconduct or habitual intemperance of the parents.

(2) Where a child is exposed to infection from tuberculosis or any venereal disease and proper precautions are not taken.

(3) Where a child is suffering from such a lack of medical or surgical care as is likely to interfere with his normal development.

(4) Where a child's home, by reason of neglect, cruelty or depravity, is an unfit place.

(5) Where a child's parents are unfit, unable or unwilling to care for him.

There are other situations in Section 7 which could warrant a child's apprehension, however, those listed describe those which could be considered to result from acute and emergent child abuse.

2) The Use of Force With or Without a Warrant:

Section 7 of the Act gives the power to apprehend a child wherever he may be (at home, on the street, etc.). There may be the odd situation where in order to complete the apprehension, force must be used. Such force, for example, may result in damage to a home or building; or an assault on a person inside.

When this situation becomes apparent, the individual attempting the apprehension may obtain a warrant from a Judge under Section 29 of the Act to search the building for the child. The warrant includes, within itself, the right to use the force necessary to conduct the search. (However, no more force than is necessary).

Of course, when immediate action becomes necessary to save life or to prevent a real injury to the child, a peace officer may enter without warrant. An example may be where an infant or young child has been abandoned and some danger exists.

3) Preventing a Breach of the Peace:

In most cases the police involvement in apprehension will be that of assisting "persons authorized in writing by the superintendent (social workers) and will likely consist of preventing a breach of the peace." Seldom will the police initiate and carry out an apprehension.

The actions to be taken will depend on the facts in each case. Section 7, however, should cover most situations and the need to revert to a Section 29 warrant is minimal.

5. INVESTIGATIVE TECHNIQUES AND PROCEDURES

Investigating child abuse is a very difficult job. It requires a great deal of tact and understanding on the part of the police officer. The police officer has to determine which of the two following paths he is to take. Is he to gather evidence to support a criminal charge or is he to act as a conduit in seeking help for the child and the family? The two paths, while not necessarily mutually exclusive, may very well be so.

In any event, there are a number of procedures which should be followed in determining if a child abuse situation exists:

1) Examination of the child — for possible signs of abuse. If this requires completely disrobing the child, a police physician or nurse should conduct the examination of a female other than a very young child or infant.
2) Interviews — with the child (where applicable), the parents or other relative who may be involved, school teachers, doctors, clergy, etc. Where there is a complete refusal to co-operate, those involved could be reminded of Section 8 of the Protection of Children Act, and/or the police officer could obtain search warrants where evidence is refused. During the interviews with the child and persons who may be responsible for abuse, watch for tell-tale signs indicating abuse and/or involvement.
3) Where hospitalization is necessary, if possible, have police physician attend. In any event, obtain all pertinent information from attending physician.
4) Where appropriate, obtain photo of child.
5) Impound evidence where possible.
6) Determine if child should be apprehended under Section 7 of the Protection of Children Act.
7) Where possible, check records for possible previous abuse complaints involving same individuals.
8) Determine if there are other children in the environment requiring protection.
9) Submit a written report — for follow-up investigation by various authorities and for judge as ***a child apprehended must be brought before a judge within seven (7) days of the apprehension.*** The report is to contain names and addresses of child, parents, reportees, all witnesses, disposition of evidence.

6. GENERAL GUIDELINES

1) Where a police officer decides that the removal of a child from the home environment may be necessary, he should take into consideration the following factors:
   (1) The degree of risk to the child if left in the environment.
   (2) The psychological damage which may occur if the child's removal is unwarranted, which may in some ways be as damaging as if the child is left in the environment.
   (3) The possibility of violence to other family members.
   (4) The availability of specialized resources at that particular time.
2) The police officer shall consult with resources personnel where possible (i.e. Ministry of Human Resources, Hospital, Health, etc.).
3) Where sufficient evidence exists to substantiate a charge against a person, the police officer shall consult with Crown Counsel and the Ministry of Human Resources.
4) When, after consultation between police, Crown Counsel and the Ministry of Human Resources, a decision is taken to divert the case from the criminal justice system, the Ministry of Human Resources will be responsible for contacting the appropriate social agency.

5) If police involvement in the case is the result of referral by an individual or an agency, provide appropriate feed-back concerning the action taken by police.

6) Where the incident is of a less serious nature, the police officer shall report relevant information to the Ministry of Human Resources for attention and action if required.

II. CROWN COUNSEL

Crown Counsel's involvement will not commence in most instances until after there has been a joint consultation between police, the Ministry of Human Resources worker, and any other involved professionals, to determine if evidence is available or should be sought to proceed with criminal charges. If the investigating police officer(s) is satisfied that there is sufficient evidence to warrant the laying of a charge, he will prepare a report to Crown Counsel for submission, after a charge has been laid.

A criminal charge should not, except in unusual circumstances, be commenced by Crown Counsel unless he is satisfied that there has been a ***total exchange*** of information amongst the police, the physician and any other professionals having relevant information regarding the family.

Once a copy of the charge and Report to Crown Counsel are in the possession of the vetting Crown Counsel, the charge will be reviewed with a view of "diverting" the case from the Criminal Justice system if the vetting Crown Counsel is satisfied that it is not a proper charge for the Criminal Justice system.

The final responsibility as to whether a particular charge will or will not be prosecuted rests with the Crown Counsel involved.

III. CORRECTIONS BRANCH

1. ROLE OF PROBATION OFFICER, FAMILY COURT COUNSELLOR OR FAMILY COUNSELLOR

Probation officers, family court counsellors and family counsellors are in a position that brings them into contact with parents and children and occasionally with situations that may be indicative of child abuse or neglect.

It is the role of each employee of the Corrections Branch, who suspects that a child is being maltreated or neglected, to report this suspicion immediately to the nearest office of the Ministry of Human Resources.

It is your responsibility to provide the contact social worker with the details of the situation as you observed it. Any perceived or expected complications concerning confidentiality are waived when communicating with other professionals, as your prime responsibility is to ensure that cases of child abuse or neglect are reported. The purpose of this action is to ensure the safety of the child.

If you encounter a situation in which it is your opinion that a child's life is in danger, you have the authority to apprehend the child pursuant to Section 7 (1) of the Protection of Children Act. Once you apprehend a child you must immediately arrange for appropriate medical attention and report your action to both your supervisor and to the closest office of the Ministry of Human

Resources. The apprehension of a child must be considered to be a last resort action in the face of a potential loss of life situation.

2. PRE-SENTENCE REPORT

In those cases where a conviction of child abuse is registered against a parent or guardian, and a pre-sentence report is requested, the probation officer shall consult with the social worker assigned. The report shall include details of rehabilitation programs available through the Ministry of Human Resources and the type of supervision necessary to protect any children involved.

OTHER PROFESSIONALS

OTHER PROFESSIONALS

I. PHYSICIANS AND HOSPITALS

There has been some confusion in the past over the definition of confidentiality of information as stated in the Hippocratic Oath and the requirement made by law that suspected cases of child abuse be reported to the Superintendent of Child Welfare. ***The legal requirement to report suspected child abuse or neglect under the Protection of Children Act takes precedence over the Hippocratic Oath and requires that all suspicions be reported immediately.*** (See Appendix for legislation and 'Responsibility to Report' sections.)

To report a suspicion of abuse or neglect a person should contact the nearest Human Resources office as soon as possible and share concerns and information with the social worker to whom the report is made. Both physical and emotional damage should be noted.

Physicians are in a position to see medical indicators of abuse and neglect; malnutrition, broken bones, burns, bruises, sexual abuse or infection, and they are also in a position to talk to a child, gaining an insight into the family situation. This makes a child's well-being highly visible to the physician through observation and conversation.

Often abusive parents wish to be helped, they may be subject to stress that they cannot control or they may be inadequately trained in parenting. With the aid of community resources, counselling, daycare services, parenting classes, family life education, out of home activities and other helping resources a parent-child relationship can be improved and reinforced.

It is only through exposure to the available resources that a change can take place. This handbook delineates the procedures that will be followed by government agencies and professionals. If there are any questions about the methods and resources that will be employed in an investigation, or subsequent services please refer to the appropriate section of this book or call your local Ministry of Human Resources office or Child Abuse Team.

1. GUIDELINES FOR PHYSICIANS AND HOSPITAL STAFF

A physician who is in a position to identify suspected child abuse/neglect should note the following guidelines.

1) Be conscious of possible abuse when viewing a child's injuries. Make an objective determination of whether a physical sign of injury could have been caused by accidental or non-accidental circumstances. The shape and position of an injury can indicate causes other than those given by the parents, guardian or child. e.g. shape and position of bruises from excessive gripping, holding, belt marks, welts, black eyes, burns, etc.

Diagnostic Considerations

The possibility of child abuse should be a diagnostic consideration when children are seen with any of the following clinical findings:

(1) **Bruises:** Active children often have small bruises on the shins or knees and, following a spontaneous fall, injury may occur to the orbital ridge or forehead. Bruises in any other site, especially the trunk, buttocks and face, should be viewed with suspicion. Bruising and ecchymoses may be of unusual shapes or might even be recognizable as resulting from a blow with a stick, or a belt buckle.

Bite marks from human teeth are usually recognized.

Bruising, contusion, and wounds of the lips, gums, frenulum and buccal mucosa in infants occur from the forceful use of the feeding bottle or spoon in an effort to make the child eat.

Retinal haemorrhage is often found in association with subdural haematomas in infants. They can also be caused by bobbing of head during violent shaking or squeezing the chest of the child. Remember that "easy bruising" is always suspect.

(2) **Fractures:** Spiral fractures of the limbs are uncommon in young children, the greenstick being the rule. A spiral fracture strongly suggests direct rotary twisting of the limb.

Ribs are a common site for fractures due to beatings.

Skull fractures can easily occur in infants if slapped on the face or head.

Fractures at more than one site are diagnostic of non-accidental injury, especially if found to be at different stages of healing.

Equally diagnostic is the radiological finding of healed fractures for which the parents never sought medical advice.

(3) **Burns and Scalds:** All cases of burns are suspect. Some occur as the result of direct action of the parent, but more commonly the circumstances leading to the burn reflect an inadequacy in parental protection and concern.

Cigarette burns are small, circular, and sometimes multiple. They are usually found on the exposed parts of the body such as the hands, face and legs.

(4) **Accidents:** As in the case of burns, an accident should always be regarded as preventable and therefore may imply some oversight or negligence on the part of the parent or guardian.

Many children in healthy family situations have at least one accidental fall. However, that should not lessen the need to evaluate each and every case properly so as to quickly recognize those families where a real risk exists.

When a child is found to have had ***repeated accidents,*** skin injuries, fractures, etc. there is a strong likelihood of family dysfunction or child neglect.

(5) **Poisonings:** All "accidental" ingestions of pills, solvents and other household materials should be viewed in the same context as physical accidents and for the same obvious reasons.

Repeated ingestion should prompt serious consideration of a disturbed family situation and a child at risk.

(6) **Failure to Thrive:** In the last decade it has become well established that psychosocial factors, excluding diet, have a profound effect on the physical growth of the child.

It is now postulated that at least 20 per cent of all infants labelled as "failure to thrive" are suffering from deprivation of an environmental nature and should be included in the abuse spectrum. This means that any child who is not thriving should be evaluated from the psychosocial point of view as well as genetically and organically.

(7) **Emotional Abuse:** This is probably the most common form of abuse that occurs and poses the greatest difficulty in recognition. The diagnostic difficulty arises largely from the fact that each of us may well accept a certain degree of verbal chastisement as an acceptable norm.

Verbal castigation can be considered abusive when (a) the negative feeling expressed towards the child is the major pervading emotion felt by the parent and is not an occasional intermittent event; (b) when the pervading atmosphere in which the child lives is one that denies his achievements and capabilities and constantly depreciates him as a person.

(8) **Sexual Abuse:** The degree to which sexual exploitation of children occurs is not yet fully known. There is reason to believe that it is not rare and constitutes yet another manifestation of child abuse to be recognized and dealt with. Not surprisingly in most instances it is covert and seldom seen as a presenting complaint. Usually it can only be exposed through skillful interviews.

Contrary to the opinion in some paediatric textbooks, gonococcal infections in children should always be considered to be the result of sexual molestation by an infected adult. The only exception is ophthalmia neonatorum.

(9) **History:** A suspicion of abuse should be aroused whenever a child with an injury or burns presents any of the following features:

- delay by the parents in seeking advice,
- discrepancies or inconsistencies in the history,
- a history which is not compatible with the injury,
- vagueness about specific and important details,
- parents who do not wait around once the child has been admitted,
- failure to visit or inquire about the child after admission.

The importance of the diagnostic interview cannot be over-stressed in cases of possible child abuse.

Other Indicators

Other indicators of abuse or potential abuse to watch for.

When the parent:

- shows evidence of loss of control, or fear of losing control.
- presents contradictory history.
- projects cause of injury onto a sibling or third party.
- has delayed unduly in bringing child in for care.
- shows indifference towards the child.
- reveals inappropriate awareness of seriousness of situation (either over-reaction or under-reaction).
- continues to complain about irrelevant problems unrelated to the injury.
- personally is misusing drugs or alcohol.
- seems "suspicious" to the physician, for some unknown reason.

— presents a history that cannot or does not explain the injury.
— gives a flood of details the aim of which seems to be to confuse the explanation of the case or to hide the truth.
— gives a history of repeated injury.
— has no one to help her (him) out when "upset" with the child.
— is reluctant to give information.
— refuses consent for further diagnostic studies.
— cannot be located.
— hospital "shops" (goes from one hospital to another)
— is psychotic or psychopathic.
— has been reared in a "motherless" atmosphere.
— has unrealistic expectations of the child.
— wants the child discharged early.

2) after a preliminary diagnosis, if abuse is suspected, some further investigation could determine if a child truly . . . 'bruises easily' . . . 'won't eat' . . . 'is always falling over' . . . 'walks into things', etc.

Always admit the child, if an infant, thus providing an immediate place of safety. If the child is older, an alternate place of safety may be preferable. This will allow time:

(1) To conduct a thorough physical examination.
(2) To x-ray the complete skeleton and obtain blood clotting studies.
(3) To obtain details of previous hospital admissions or visits to casualty departments.
(4) To check with community agencies for any past experience with the child and family.
(5) To obtain clinical photographs of any suspicious lesions.
(6) To notify the local Human Resources office. You are legally obliged to do so.
(7) To make active use of the Child Abuse Registry (central and/or regional). This also allows speedy apprehension if there is a fear that the parent will flee with the child.

3) Let the parents and patient know that there is no alternative but to report, explaining the legal requirement. At this time it should be explained that there are many ways of helping parents or guardians to overcome their problems, available services can help to relieve the stress of child care.

The 'punitive' aspects of abuse and neglect proceedings should be downplayed. A physician should attempt to remain a "friend" of the family; this is often what is desperately needed. If you are honest, supportive, and non-judgmental they may learn to trust you and utilize your help in the future.

4) A report should be made immediately to the nearest Human Resources office. Having called your local Human Resources office, or Child Abuse Team if any exists in your area, work with them and be guided by their experience. In order to ensure that the best course of action is adopted in every case, there shall be a ***mutual sharing of confidential*** information respecting all facts uncovered in any investigation of child abuse between all professionals involved.

5) Finding an alternative physician to care for the child after the report is made often allows the physician to maintain support for the parents without the problem of 'split' loyalties, especially when a case may involve courtroom testimony.

2. HIGH RISK CASES

It is most important to be able to recognize those situations ***where inadequacy in parenting is likely to occur.*** They can be detected prenatally, at birth (observation in the delivery room is now recognized as an optimal time for detection), and in the early postpartum period. High-risk situations should be considered.

1) When the child is born unwanted or wanted for the wrong reasons (this is not synonymous with unplanned). Parents in such situations do not prepare for the baby's arrival, may not seek antenatal care and often will not choose a name for the baby.
2) If maternal-child attachment is impaired. This risk is particularly heightened if the newborn baby is perceived to be abnormal by the parents.
3) If there is separation of the mother from her newborn baby, as in the case of prematurity or by illness in the case of an infant whose neonatal course is complicated, particularly if the parents think the child's life is at risk.
4) If the infant is difficult to handle because of problems with feeding, colic, vomiting, etc.
5) If there are complaints of behaviourial difficulties such as hyperactivity, sleep-resistance, poor eating habits, failure to thrive.
6) If the parents have a history of abuse, neglect or deprivation in their own childhood.
7) If there are environmental problems such as poor housing, over-crowding, financial crisis, loss of work.
8) If the presence of family breakdowns, separations, alcoholism and other forms of marital discord.
9) Where there is acute or chronic ill health in a parent, be it physical or emotional.
10) Whenever another child is born, thus leading to acute changes in family functioning. In all high risk situations abuse may become a reality at any moment, therefore recognition and intervention in the situation is mandatory.
11) When a teenage unmarried girl opts for keeping her baby.

3. HOSPITAL BASED CHILD ABUSE TEAM

Some hospitals presently have an operational team for investigation and information exchange concerning suspected and confirmed abuse/neglect cases, others may wish to form such a group.

A team should be a small core group including: physician, nurse, and social worker, but can later be expanded to include public health nurse, mental health workers, and known Resources workers.

Meetings should be held weekly to provide an effective service. Some reasons for forming a team are:

1) Weekly conferences provide a time for comparison of information, exchange of investigation results, short term planning, long term planning, review and reassessment of treatment plans and setting dates for later recall and assessment of a case.
2) Teams can arrange for information material to be made available to other professionals,

use of video tapes, films, recordings and literature. Material can be obtained from Vancouver's Child Abuse Team, Victoria General Hospital Child Abuse Team, etc.

3) The team can help develop a cohesive approach, eliminating duplication of services. Other teams can be visited and problems can be discussed jointly.

If you have an interest in forming a professional team and wish further information, please call:

Dr. Brian Pound	— Victoria General Hospital Team 477-9535
Dr. John Gossage	— Royal Columbian Hospital Team 620-4654 New Westminster
Fran Grunberg	— Vancouver, M.H.R. Child Abuse Team 733-8111

Book Reference: CLINICAL SYMPOSIA, The Abused Child, A Clinical Approach to Identification and Management; Margaret C. McNeese, M.D.; John R. Hebeler, M.D.; Volume 31, Number 1, 1979.

NOTE: Credit for much of the information supplied in this section goes to the Manitoba Department of Health and Community Services and their Jan. 1979 production of "Physician's Protocol on Child Abuse", prepared by the College of Physicians and Surgeons of Manitoba.

II. CORONERS

1. RESPONSIBILITY OF CORONERS

Coroners regardless of whether they are physicians, lawyers or others when acting in their official capacity shall report in accordance with the Coroners Act and rules laid down by the Chief Coroner or the Attorney General. In the case where a Coroner suspects that child abuse may have contributed to the death he should ensure that the following examinations are performed:

1) Complete autopsy — when practical this should be performed by a pediatric pathologist and should include toxicological studies.
2) Total body X-rays.
3) Extensive colour photography of the body.

2. GENERAL AND SPECIALIST PHYSICIANS INCLUDING PATHOLOGISTS

General and Specialist Physicians including pathologists who suspect that they may be dealing with a case of child abuse have a statutory obligation to report the matter in accordance with the Protection of Children's Act, Section 7. It should be noted that only Coroners who are acting in their official capacity may report in accordance with the Coroners Act (1975).

III. ASSOCIATIONS AND AGENCIES

Many professionals are in a position to have children confide in them and discuss their family situations. If a child appears to have been physically or emotionally abused it should be reported immediately to the nearest Human Resources office. Report forms H.R. 1215 (see example in the appendix) are available to professional organizations to have on hand for this purpose. If no report form is available or if serious abuse is indicated, the suspicion and information should be conveyed immediately by phone to the local Human Resources office.

A definition of child abuse and neglect is stated immediately following the table of contents at the beginning of this handbook. Please use this definition as a guide for assessing or reporting a suspicion.

It is the responsibility of each person who has reasonable grounds to suspect that a child is being abandoned, neglected or maltreated to report the circumstances to the Superintendent of Child Welfare by reporting to the nearest Human Resources office. This responsibility takes precedence over any previous or other commitment to confidentiality. There should be open exchange of information between professionals involved. This information is to be regarded as confidential and should not be disclosed elsewhere except under subpoena or as evidence in court.

If you are concerned about the welfare of any child, you should notify your local Ministry of Human Resources office. Upon receiving a report a social worker will then assess the child's family to see if the child needs protection and/or to determine what support services could assist the family.

For some of you who work in rural areas or small towns a social worker is not always available. Many professionals are in a position to talk to a child first to see if a report to the Ministry of Human Resources is necessary. Most professionals are not responsible for the assessment of an abusive family, however, they certainly are in a position to assist a social worker in the assessment process.

1. GUIDELINES FOR INTERVIEWING CHILDREN

If you are in a position where you feel a child shows some indication of abuse or neglect, but you are not close to a Human Resource's office and the services of a social worker, it may be wise to interview the child. This must be done with sensitivity.

It is important to remember that children may be afraid of "authority figures", and often believe that what they say will be disapproved of or cause punishment or rejection. Most children are afraid of betraying their parents — they fear the loss of love or further punishment. Some children will be embarrassed by a worker or teacher noticing marks and talking about possible neglect or abuse. Children are selfconscious when their parents' adequacies may be questioned. Others (especially young children) may not view themselves as being abused or neglected. Because of limited experiences, vocabulary and consciousness they do not know the care they are given may be inadequate, harsh or abusive.

1) Use a private quiet room; make sure there will be no interruptions.
2) Be "up front"; explain why you wish to talk to him or her. Share with the child your concern about any visible marks, the child's health, safety, etc.
3) Ask only questions which relate to your concerns and the child's condition.
4) Design questions so the child can answer them.
5) Use words that are part of the child's vocabulary.

6) Keep questions short so the child can remember them.

7) Begin with comfortable basic information such as where the child lives, how many brothers and sisters, etc.

8) Questions should be open-ended so as not to limit the child's response, i.e., "What do your parents do when you have been naughty?" is a more appropriate question than, "Do your parents spank you?" which elicits a yes/no reply.

9) Listen and absorb what the child is trying to tell you.

10) Respect silence; don't rush the child.

11) Do not put words in the child's mouth nor allow your own preconceptions of the child's condition to interfere; many marks can be from accidents, not abuse.

12) If you know, tell the child what is going to happen, and why. For example, explain that the child will be seen by a public health nurse or doctor to make sure he or she is all right, or that a social worker may have to talk to the child and the parents.

Assure the child your conversation and any other necessary interviews will be held in confidence.

Record notes from the interview so that salient information can be recalled at a later date.

If you are in any kind of doubt whether or not to report, have your concerns conferenced with other workers in the community to ensure that help is delivered, or to determine that no involvement is necessary.

APPENDIX

CRIMINAL CODE PROVISIONS

MARTIN'S CRIMINAL CODE, 1977

	TITLE:
Section 43	Correction of Child by Force
Section 144	Punishment for Rape
Section 145	Attempt to Commit Rape
Section 146	Sexual Intercourse with Female under Fourteen
Section 150	Incest
Section 151	Seduction of Female between Sixteen and Eighteen
Section 153	Sexual Intercourse with Step-daughter, etc., or Female Employee
Section 155	Buggery or Bestiality
Section 156	Indecent Assault on Male
Section 157	Acts of Gross Indecency
Section 159	Corrupting Morals
Section 166	Parent or Guardian Procuring Defilement
Section 167	Householder Permitting Defilement
Section 168	Corrupting Children
Section 197	Duty of Persons to Provide Necessaries
Section 200	Abandoning Child
Section 202	Criminal Negligence "Duty"
Section 203	Causing Death by Criminal Negligence
Section 204	Causing Bodily Harm by Criminal Negligence
Section 206	When Child becomes a Human Being
Section 211	Killing by Influence on the Mind
Section 216	Infanticide
Section 220	Punishment for Infanticide
Section 221	Killing Unborn Child in Act of Birth
Section 226	Neglect to Obtain Assistance in Childbirth
Section 227	Concealing Body of Child
Section 228	Causing Bodily Harm with Intent
Section 229	Administering Noxious Thing
Section 245	Common Assault
Section 246	Assault with Intent
Section 247	Kidnapping
Section 249	Abduction of Female under Sixteen
Section 250	Abduction of Child under Fourteen

PROTECTION OF CHILDREN ACT — R.S.B.C. 1960
CHAPTER 303 — SECTION 7 (AS AMENDED)

7. (1) The Superintendent and every person who is authorized in writing by the Superintendent, every constable or officer of the Provincial police or of any municipal police, and every Probation Officer, may apprehend, without warrant, and bring before a Judge, as needing protection, any child apparently under the age of seventeen years who is within any of the following classes or descriptions:-

(a) Who is found begging in any street, house, or place of public resort, whether actually begging or under pretext of selling or offering anything for sale:

(b) Who is found sleeping at night in other than proper housing accommodation and without proper adult supervision:

(c) Who is found associating or dwelling with a thief, drunkard, or vagrant, or who, by reason of neglect or drunkenness or other vices of the parents or guardians, is suffered to grow up without salutary parental control and education, or in circumstances exposing such child to an idle or dissolute life:

(d) Who is found in any disorderly house, or in company of people reputed to be criminal, immoral, or disorderly:

(e) Who is an orphan without adequate protection for his upbringing:

(f) Who has been deserted by his parents:

(g) Who is found guilty of petty crimes, and who is likely to develop criminal tendencies if not removed from his surroundings:

(h) Who is found wandering about at late hours and not having any home or settled place of abode or proper guardianship:

(j) Whose only parent or whose parents are undergoing imprisonment:

(k) Whose home by reason of neglect, cruelty, or depravity is an unfit place for the child, or who has no proper guardianship, or whose parent or parents are unfit, unable, or unwilling to care properly for him:

(l) Who is subject to such blindness, deafness, feeble-mindedness, or physical disability as is likely to make him a charge upon the public, or who is exposed to infection from tuberculosis or from any venereal disease where proper precautions to prevent infection are not taken, or who is suffering from such a lack of medical or surgical care as is likely to interfere with his normal development:

(m) Who, by reason of the action of his parents or otherwise, is habitually truant from school and is liable to grow up without proper education:

(n) Who is neglected so as to be in a state of habitual vagrancy or mendicancy:

(o) Who is ill-treated so as to be in peril in respect of life, health, or morality by continued personal injury, or by grave misconduct or habitual intemperance of the parents.

(2) Every person who has reasonable grounds for suspecting that a child:

(a) has been or is being abandoned, deserted, or maltreated; or

(b) is otherwise in need of protection,

shall, not withstanding any claim of confidentiality or privilege that may exist or be made,

(c) forthwith make a complete report of the circumstances to the Superintendent; and

(d) where subpoenaed and called to give evidence in a proceeding, give such evidence of the circumstances as the court may require.

(3) Where a family advocate appointed under the UNIFIED FAMILY COURT ACT suspects that a child

(a) has been or is being abandoned, deserted, or maltreated; or

(b) is otherwise in need of protection,

he may request any person who he believes has information relevant to the matter to make a complete report of the information to him, and on the receipt of the request of the family advocate, the person shall forthwith make the report.

(4) The Superintendent and the family advocate are entitled, on request, to a copy of any report made under subsection (2) or (3).

(5) No person is liable for any loss or damage suffered by any person by reason only of making or providing, in good faith, a report under subsection (2), (3) or (4).

RESPONSIBILITY TO REPORT

Each person should know that he/she has a legal as well as a moral obligation to report any suspected case of abuse or neglect. A person who reports a suspected case in good faith does have protection from civil and criminal liability. Anyone who does not report is liable to a fine not exceeding $2,000.00 and/or six months imprisonment under the Summary Convictions Act.

4

MINISTRY OF HUMAN RESOURCES
PROTECTION COMPLAINT REFERRAL CARD

Child's Name: ..... Date of Birth: .....
Address: ..... Sex: Male ☐ Female ☐

Parent(s) Name(s): ..... Address (if other than that of child): .....
or Guardian(s) Name(s): .....

Describe situation causing concern: ..... Approx. date of incident: .....
..... Person believed to be responsible: .....
.....
.....

Reported by: ..... Position: .....
Address: ..... Telephone No: .....

COMPLETE THIS SECTION IF CONFIRMING A VERBAL REPORT:

Confirms report made by ..... to .....
on ..... , 19.....

FORWARD THIS CARD IMMEDIATELY
TO YOUR LOCAL MINISTRY OF HUMAN RESOURCES OFFICE

H.R. 1215 (03 78)

PROTECTION COMPLAINT REFERRAL CARD H.R. 1215

AGENCIES AND RESOURCES

(Please fill in the following list with the appropriate contacts for your area)

Telephone and Addresses

Ministry of Human Resources _____

Child Abuse Team _____

Hospital _____

Police _____

Local Schools: _____

Crown Counsel _____

Coroner _____

Community Health Services: _____

Preventive Programs, e.g. Perinatal Classes,
Parental counselling in infant and child care,
nutrition, etc. Home Care _____

_____

_____

_____

_____

_____

Homemaker Services _____

AGENCIES AND RESOURCES (continued)

(Please fill in the following list with the appropriate contacts for your area)

Telephone and Addresses

Day Care Services _____

Mental Health Programs
(Evaluation and Treatment) _____

Volunteer Programs: _____

Church Groups _____

Service Groups _____

Others _____

_____

_____

Community Programs:
(Crisis Centre, Counselling, Babysitting,
Youth Workers, Workshops, etc.) _____

_____

_____

_____

_____

_____

_____

Adult Education _____

Telephone and Addresses

Colleges _____

_____

_____

Family Life, Parenting,
Child Care _____

_____

_____

Night School _____

Books: _____

_____

_____

_____

_____

Other _____

_____

_____

NOTES